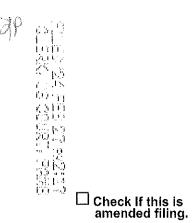
Fill in this	s Information to Identify y	our case:		
Debtor 1	Geddes	Sean Scl	nubert	Gibbs
	First Name	Middle Name		st Name
Debtor 2		_		
(Spouse, if filing) First Name		Middle Name	La	st Name
United States Bankruptcy Court for the:		Midd	le District of	Pennsylvania
Case number		(State) Chapter you are filing under:		
(if known)		Chapter 7		
			Chapter 11	
		☐ Chapter 12		
		6	Chapter 13	



## Official Form 101

same person must be Debtor I in all of the forms.

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and *Debtor I* to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a *joint* case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor I* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor I* and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question.

Part 11- Identify Yourself		
	About Debtor 1	About Debtor 2 (Spouse Only in a Joint Case)
. Your full name		
Write the name that is on your	Geddes	
government-issued picture identification (for example,	First name	First name
your driver's license or	Sean Schubert	
passport).	Middle name	Middle name
Bring your picture	Gibbs	
identification to your meeting with the trustee.	Last name	Last name
	Suffex (Sr., Jr., 11, 111)	Sulfax (Sr., Jr., 11, 111)
. All other names you		
have used in the last 8	First name	First name
Include your married or maiden names.	Middle name	Middle name
,	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
Only the last 4 digits of your Social Security	xxx - xx - <u>7</u> <u>9</u> <u>1</u> <u>3</u>	xxx - xx
number or federal	OR	OR
Individual Taxpayer Identification number (TIN)	9 xx - xx	9 xx - xx

Voluntary Petition for Individuals Filing for Bankruptcy

page 1

Debtor 1 Geddes Sear		se number (ifx-,)
1.127 Agrits (2)0066-1450	is rest tions	
	About Debtor 1	About Debtor 2 (Spouse Only Joint Case)
Any business names     and Employer     Identification Numbers     (EIN) you have used in	☐ I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and	LIVE LIFE SERVICES, LLC	
doing business as names	Business name	Business name
	9 9 - 1 1 4 2 9 0 1 EIN	EIN
	EIN	EIN
5. Where you live		If Debtor 2 lives at a different address:
	59 COACH ROAD	
	Number Street	Number Street
	59 Ceach Road Strondsburg, PA 18360	
	STROUDSBURG Pa 18360	
	City State ZIP Code	City State ZIP Code
	MONROE COUNTY	
	County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
6. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	✓ Over the last 180 days before filing this petition, ✓ I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
		and the state of t
		-

Debtor	1	
then to		

Sean Schubert

Gibbs

Case number (ifk--)\_

Part 2- Tell the Court About Your Bankruptcy Case	Part 2-	Tell the	Court	About	Your	Bankrup	tcy	Case
---------------------------------------------------	---------	----------	-------	-------	------	---------	-----	------

2002/400/2008	···-					
7. The chapter of the Bankruptcy Code you	Check one. (For a for Bankruptcy (Fo	brief description of each, orm 201 0)). Also, go to the	see Not top of p	ice Required by 11 age 1 and check th	l U.S.C. § 342(b) i e appropriate box	forindividuals Filing
are choosing to file under	Chapter 7					
	Chapter 11					
	☐ Chapter 12					
	☑ Chapter 13		•	•		
8. How you will pay the fee	local court for yourself, you submitting you with a pre-pr  I need to pa Application for By law, a judiess than 15 pay the fee i	e entire fee when I file nor more details about how may pay with cash, cash our payment on your behinted address.  y the fee in installments or Individuals to Pay The lat my fee be waived (Yodge may, but is not require 0% of the official poverty in installments). If you challing Fee Waived (Official	wyou may self to the that the theta the that the that the that the theta the the that the the theta the	nay pay. Typicall heck, or money ar attorney may f u choose this op Fee in Installme request this opti waive your fee, a at applies to you nis option, you m	y, if you are pay order. If your at pay with a crediction, sign and a nts (Official Formand may do so comment in the American family size and the American family	ving the fee torney is t card or check  Itach the m 103A).  The filling for Chapter 7. Sonly if your income is the dyou are unable to pplication to Have the
			-			
9. Have you filed for	□ No					
bankruptcy within the last8 years?	Yes. District	MIDDLE DISTRICT	_ When	2/27/2023 MM / DD / YYYY	Case number	5-23-00406
	District		When	MM / DD / YYYY	Case number	
	District		When		Case number	
		MATERIAL STATE OF THE STATE OF		MM / DID / YYYY		
			-	-		
lo. Are any bankruptcy cases pending or being	⊠ No					
	[] V					
filed by a spouse who is	Yes. Deblor				_ Relationship to yo	J
not filing this case with you, or by a business partner, or by an			When		_ Relationship to you _ Case number, if ki	
not filing this case with you, or by a business	District		_ When	MM / DD / YYYY	_ Case number, if k	nown
not filing this case with you, or by a business partner, or by an	District Debtor		_ When	MM / DD / YYYY	Case number, if k	nown
not filing this case with you, or by a business partner, or by an	District Debtor		_ When	MM / DD / YYYY	Case number, if k	u
not filing this case with you, or by a business partner, or by an	District  Debtor  District	ne 12. r landlord obtained an evicti	_ When	MM / DD / YYYY	Case number, if k	u
not filing this case with you, or by a business partner, or by an aff illiate?  11. Do you rent your	Debtor District  Mo. Go to lir Yes. Has you residen	ne 12. r landlord obtained an evicti	_ When	MM / DD / YYYY	Case number, if k	u

Voluntary Petition for Individuals Filing for Bankruptcy

page 3

Debtor 1 _	Geddes S	Sean Schubert Middle Name	Gibbs Last Name	Cas	se number (ifk)	
Part 3-	Report About A	ny Businesses Yo	ou Own as a Sole	Proprietor		,
	ou a sole proprie		art 4.			
ot an busin	y full- or partime less?	Yes. Name	and location of busin	ess		
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or		Name o	of business, if any			
sole p	have more than one roprietorship, use a					
	ate sheet and attach i petition.	t City			State	ZIP Code
		Gity			Otate	211 0000
		Check	the appropriate box	to describe your busine	ess;	
·		□ не	ealth Care Business (	as defined in 11 U.S.C.	§ 101 (27A))	
		☐ Si	ngle Asset Real Estat	e (as defined in 11 U.S.	C. § 101 (51 B)	)
		☐ st	ockbroker (as defined	in 11 U.S.C. § 101 (53	A))	
		☐ Co	ommodity Broker (as	defined in 11 U.S.C. § 1	01 (6))	
			one of the above			
Chap Bank are y debto For a busine		can set approp most recent ba ss any of these docu No. I am no No. I am fill the Ba	riate deadlines, If you lance sheet, stateme ments do not exist, of filing under Chapterng under Chapter 11 unkruptcy Code.	u indicate that you are a int of operations, cash-f follow the procedure in ar 11. , but I am NOT a small	a småll busines low statement, 11 U.S.C. § 1 business debto	small business debter so that it is debtor, you must attach your and federal income tax return or if 1 16(I)(B).  or according to the definition in the
Part 4-	Report if You O	wn or Have Any I	lazardous Prope	ty or Any Property	That Needs	Immediate Attention
14. <b>Do y</b> o	ou own or have ar	y ⊠ No				
allege of im- ident	erty that poses or ed to pose a threa minent and ifiable hazard to	t Yes, What	is the hazard?			
Or do prope imme	c health or safety o you own any erty that needs ediate attention?		mediate attention is r	needed, why is it peeded	d?	
perish that m	tample, do you own able goods, or livesto rust be fed, or a build eeds urgent repairs?		_			
		Whe	re is the property?	umber Street		
			IN .	amort oncor		

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 4

ZIP Code

State

City

Gibbs

Case number (ifk--)\_\_\_

Part 5-

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

 About Debtor 1	
You must check one:	
☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.	
Attach a copy of the certificate and the payment  plan, if any, that you developed with the agency.	
☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.	
Within 14 days after you file this bankruptcy petition you MUST file a copy of the certificate and payment plan, if any.	
☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.	
and the second s	

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:		I am not re credit cour
☐ Incapacity. I	have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	lncapad
☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	☐ Disabili
☐ Active duty.	I am currently on active military duty in a military combat zone.	☐ Active

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court

About Debtor 2 (Spouse Only in a Joint Case)

You check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary walver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about
credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

De	btor	1

Sean Schubert

Gibbs

Case number (ifk--)\_

First Name M	iddle Home Last Name	•					
Part 6- Answer These Ques	tions for Reporting Purpos	ses					
16. What kind of debts do	16a. Are your debts primarily consumer debts? Consumerdebts are defined in 1.1 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
you have?	☐ No. Go to line 16b. ☑ Yes. Go to line 17.						
	16b. Are your debts primate money for a business or in	rily business debts? Business del avestment or through the operation of	ots are debts that you incurred to obtain the business or investment.				
	No. Go to line 16c.  Yes, Go to line 17.		•				
	16c. State the type of debts you	u owe that are not consumer debts or	business debts.				
17. Are you filing under Chapter 7?	☑ No. I am not filing under Cl	napter 7. Go to line 18.					
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chap administrative expense No Yes	ter 7. Do you estimate that after any e es are paid that funds will be available	xempt property is excluded and to distribute to unsecured creditors?				
18. How many creditors do you estimate that you owe?	<ul><li>№ 1-49</li><li>☐ 50-99</li><li>☐ 100-199</li><li>☐ 200999</li></ul>	1,000-5,000 5,001-10,000 10.001-25.000	25,001-50,000 50,001-100,000 More than 1 00.000				
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,00-\$100,000 \$100,0-\$500,000 \$500000-\$1 million	\$1,000,001410 million \$10,000,001450 million \$50,000,001-\$100 million \$100 000 001 \$500 million	\$500,000,001-\$I billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion				
20 How much do you estimate your liabilities to be?	S \$0\$50000  S \$50,0014100,000  \$100,0014500,000  \$500,00141 million	\$ 1 000 001 \$ 1 0 million \$ \$10,000,001450 million \$ \$50,000,0014100 million \$ \$100,000,001-\$500 million	\$500 000 001 \$ 1 billioii \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion				
Part 7- Sign Below	There are mined this potition of	and I declare under penalty of perjury	hat the information provided is true and				
Foryou	correct.  If I have chosen to file under C	hapter 7, 1 am aware that I may proce	ed, if eligible, under Chapter 7, 11,12, or 13 er each chapter, and I choose to proceed				
	If no attorney represents me an	nd I did not pay or agree to pay some and read the notice required by 1.1 U	one who is not an attorney to help me fill out .S.C. § 342(b).				
		vith the chapter of tille 1 1, United State					
	I understand making a false stawith a bankruptcy case can res 18 U.S.C. §§ 152, 1341, 1519,	sult in fines up to \$250,000, or impriso	ning money or property by fraud in connection nment for up to 20 years, or both.				
	X Gelles Sean Sun Signature of Debtor 1	Sign:	ature of Debtor 2				
	Executed on 2/26/20 MM i DD	24 Exec	uted on 2/26/24 MM / DD /YY				

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 6

Debtor 1	Geddes	Sean Schubert	Gibbs	Case number (IIk)
	First Name	Middle Name	Lasi Name	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 1 1, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 1 1 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

	Date	2/2	6/2024
Signature of Attorney for Debtor		MM /	DID / YYYY
	•		
Printed name			
Firm name			
Number Street			
City		ZIP Code	
Contact phone	Emall addre	ss	
Bar number	State	_	

ahtar	4	G	e	d	d	•	

Geddes First Name Sean Schubert

Gibbs Last Name

Case number (itk)	
-------------------	--

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

	Are you aware that filing for bankruptcy is a serious actio consequences?	n with long-tér	m financial and legal
	□ No □ Yes		
	Are you aware that bankruptcy fraud is a serious crime a inaccurate or incomplete, you could be fined or imprisoned No	•	bankruptcy forms are
	Yes		
	Did you pay or agree to pay someone who is not an attor	ney to help yo	u fill out your bankruptcy forms?
	Yes. Name of Person  Attach Bankruptcy Petition Preparer's Notice, Declar	ration and Sign	atura (Official Form 1.1.0)
	Attach Bunkrupicy Fermon Freparer's Notice, Decial	anon, ana orga	anne (Omeian Pour 1 1 3).
	By signing here, I acknowledge that I understand the risk		
	By signing here, I acknowledge that I understand the risk have read and understood this notice, and I am aware th attorney may cause me to lose my rights or property if I or	at filing a bank	cruptcy case without an
<b>~</b>	have read and understood this notice, and I am aware th	at filing a bank	cruptcy case without an
Κ.	have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I c	at filing a bank	cruptcy case without an handle the case.
Κ.	have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I compared to the second secon	at filing a bank to not properly	cruptcy case without an handle the case.  oter 2  2/26/2024
~	have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I compared to the second of th	at filling a bank do not properly Signature of Del	cruptcy case without an handle the case.
~	have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I compared to the second of th	at filling a bank do not properly Signature of Del Date Contact phone	cruptcy case without an handle the case.  oter 2  2/26/2024
~	have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I compared to the second of th	at filling a bank do not properly  Signature of Det  Date  Contact phone  Cell phone	cruptcy case without an handle the case.  oter 2  2/26/2024
Κ.	have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I compared to the second of th	at filling a bank do not properly Signature of Del Date Contact phone	cruptcy case without an handle the case.  oter 2  2/26/2024

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

page 8

Desc

Fill in this information to identify you	rcase:			
Debtor 1 Geddes	Sean Schubert	Gibbs Last Name		
Debtor 2 (Spouse, if filling) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		t of Pennsylvania		
Case number (if known)		(State)		Check if this is an amended filing
Official Form 106Sum Summary of Your Asso	ate and Liabilit	ine and Carl	ain Statistical II	nformation 12/15
Be as complete and accurate as possi information. Fill out all of your schedu your original forms, you must fill out a	ble. If two married people les first; then complete th	e are filing together, le e information on this	ooth are equally responsible form. If you are filing ame	e for supplying correct
Part I - Summarize Your Assets				
				Your assets Value of what you ovm
1 Schedule AIB: Property (Official Form Copy line 55, Total real estate, fro	•			\$453,900.00
Copy file 33, Total real estate, no	m Schedule AID			400,000,00
1 b Copy line 62, Total personal prope	erty, from Schedule AIB			\$22,000.00
Copy line 63, Total of all property	on Schedule AIB		<del></del> -	\$475,900.00
Part 2- Summarize Your Liabili	iies			
		•		Your liabilities Amount you owe
2 Schedule D- Creditors Who Have Clair Copy the total you listed in Colum		•	ge of Part 1 of <i>Schedule D</i>	\$ \$43,000.00
3 Schedule <i>EIF</i> : Creditors Who Have <i>Un</i> . Copy the total claims from Part 1 (I	· ·	·	le <i>EIF</i>	\$ \$27,060.00
3b Copy the total claims from Part 2 (	nonpriority unsecured claims	s) from line 6j of <i>Sche</i>	dule EIF	+ \$ \$336,918.19
			Your total I	\$ \$406,978.19
Part 3- Summarize Your Income	e and Expenses			
4 Schedule /-Your Income (Official Form				\$ <b>\$4,000.00</b>
5 Schedule J- Your Expenses (Official F Copy monthly from lin	form 106J) e 22c of Schedule J			\$\$1,848.00

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of Case 5:24-bk-00457-MJC Doc 1 Filed 02/27/24 Entered 02/27/24 14:42:37 Desc Main Document Page 9 of 72

Debtor 1	Geddes First Name	Sean Schubert	Gibbs Last Name	Case number	
				•	
Part 4-	Answer These Ques	tions for Administrativ	e and Statistical Rec	ords	
3. Are you	filing for bankruptcy u	nder Chapters 7, 11, or 13	?		
☐ No. ⊠ ye		ort on this part of the form. C	heck this box and submit	this form to the court with your othe	r schedules.
. What kin	d of debt do you have	?	ī	and the second s	*** * ***
⊠ You	r debts are primarily co		debts are those "incurred ut lines 8-9g for statistical	by an individual primarily for a perso purposes. 28 U.S.C. § 159.	onal,
	r debts are not primari form to the court with yo		ve nothing to report on thi	is part of the form. Check this box a	nd submit
1	1	* * *		***	E 311
		urrent Monthly Income: Cop 122B Line 1 1; OR, Form 12		hly income from Official	\$4,000.00
. Copy the	e following special cate	egories of claims from Par	t 4, line 6 of Schedule E	ıF:	
				<i>t</i>	
				Total claim	
From	Part 4 on Schedule EII	copy the following:			
9a. Don	nestic support obligation	s (Copy line 6a.)		\$	
9b. Tax	es and certain other deb	ts you owe the government.	(Copy line 6b.)	s 0.00	
9c. Clai	ms for death or personal	înjury while you were intoxic	cated. (Copy line 6c.)	\$ 0.00	
9d. Stud	dent loans. (Copy line 6f.	)		\$ 55 <sub>1</sub> 000	
	gations arising out of a s rity claims. (Copy line 6g	eparation agreement or divo	rce that you did not repor	tas § O. D	
9f. Debi	is to pension or profit-sh	aring plans, and other simila	r debts. (Copy line 6h.)	+\$ 0.00	
9g. Tota	al. Add lines 9a through	9f.		£,100.50	
				,	

Fill in this information to identi	fy your case and this	filing:		
Dahtor 1 Geddes	Sean Schi	ibert Gibbs		
First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filling) First Name	Middle Name	Last Name		
United States Bankruptcy court for the	e: Middle	District of Pennsylvania (State)		
Case number		or constant and the second	☐ Check if this amended filir	
Official Form 106A	/B_			
Schedule A/B	: Propert	y	12/	15
category where you think it fit responsible for supplying committe your name and case num  Part 1 - Describe Each Re	s best. Be as comple rect information. If mober (if known). Answ sidence, Building,	te and accurate as possible. If two marrie ore space is needed, attach a se <b>≱</b> arate sh		
No. Go to Part 2.	at or equitable interes	st in any residence, building, land, or sim	iai property:	
✓ Yes. Where is the property		What is the property'? Check all that apply  ☑ Single-family home  ☐ Duplex or multi-unit building	Do not deduct secured claims or exemption the amount of any secured claims on Scheo Creditors Who Have Claims Secured by Pro	dule D:
Street address, ir available	, or other description	Condominium or cooperative  Manufactured or mobile home  Land	Current value of the Current value entire property? portion you o \$ \$453,900.00 \$	wn?
STROUDSBURG City	Pa 18360 State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of your owners interest (such as fee simple, tenanc the entireties, or a life estate), if kno	y by
MONROE		Who has an interest in the property? Cl	eck one.  FEE SIMPLE; CURRENT VALUE BASED ON ESTIMATE ON ZILLOW AS OF MAY 31, 202.	3
County		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is community proper (see instructions)	∍rty
		Other Information you wish to add abo	ut this item, such as local	
If you own or have more than	one, list here:	What is the property'7 Check all that apply.  Single-family home	Do not deduct secured claims or exempt the amount of any secured claims on Sch Creditors Who Have Claims Secured by	nedule
1.2. Street address, if available	e, or other description	Duplex or multi-unit building     Condominium or cooperative     Manufactured or mobile home	Current value of the Current value entire property'? portion you o	wn?
<del> </del>	•	Land Investment property	\$\$ <b>\$0.0</b> 0	<u>)                                    </u>
City	State ZIP Code	Timeshare Other	Describe the nature of your owners interest (such as fee simple, tenanc the entireties, or a life estate), if kno	y by
		Who has an interest in the property? Che	ck one,	
County		Debtor 2 only Debtor 1 and Debtor 2 only	Check if this is community properties (see Instructions)	erty
		At least one of the debtors and another  Other information you wish to add about property identification	(see instructions) It this item, such as local	
		,,	\$453 900 00 page 1	

Desc

1.3. Street  City  Count	address, if available, or other	description [	Vhat is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Vho has an interest in the property? Chec Debtor I only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount of any s Creditors Who Have Current value of entire property'?  \$  Describe the nat interest (such as the entireties, or k one.	red claims or exemptions. Purecured claims on Schedule Collins Secured by Property I the Current value of the portion you own?  Sure of your ownership fee simple, tenancy by a life estate), if known.
City	State	description [	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Chec Debtor I only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any s Creditors Who Have Current value of entire property?  \$  Describe the natinterest (such as the entireties, or k one.	ecured claims on Schedule Ce Claims Secured by Property I the Current value of the portion you own?  Sure of your ownership fee simple, tenancy by a life estate), if known.
		ZiP Code [	Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Chec Debtor I only Debtor 2 only Debtor 1 and Debtor 2 only	Describe the natinterest (such as the entireties, or k one.	sure of your ownership fee simple, tenancy by a life estate), if known.
		ZIP Code (	Timeshare Other The Debtor I only Debtor 2 only Debtor 1 and Debtor 2 only	interest (such as the entireties, or k one.	fee simple, tenancy by a life estate), if known.
Count	у	[	Debtor I only Debtor 2 only Debtor 1 and Debtor 2 only	☐ Check if this	is community property
Count	у	[	Debtor 2 only Debtor 1 and Debtor 2 only		is community property
·		Transfer Tr	Debtor 1 and Debtor 2 only		is community property
			■ At least one of the deplots and another	•	
		(	Other information you wish to add about	this item, such as local	,
		a de la companya de	property identification number:		
dd the doll	lar value of the portion v	ou own for all o	f your entries from Part 1, including any	entries for pages	s \$453,900.00
	ttached for Part 1. Write				→ 3 4750,500.00
			☐ ADDITIONAL PAGE	S ATTACHED	
			□ ADDITIONAL! NOL	OATTAOTILE	
					<b>→</b> \$453,900.00
(12- De:	scribe Your Vehicle	*>			
own that so	omeone else drives. If you trucks, tractors, sport u	lease a vehicle,	n any vehicles, whether they are register also report it on Schedule G- Executory Co notorcycles	ntracts and Unexpired Leas	es. Ired claims or exemptions. Pi
3.1. Make	ı:	1	Who has an interest in the property? Chec	k one. the amount of any	secured claims on Schedule
S. I. Wake	-		The rest of the second	Creditors who hav	e Claims Secured by Proper
Mode			Debtor 1 only	Cledifole Alifo Liga	e Claims Secured by Proper
	ol:		Debtor 2 only	Current value o	f the Current value of the
Mode Year:	ol:	·······			f the Current value of the
Mode Year: Appre	el:		Debtor 2 only Debtor I and Debtor 2 only	Current value o entire property'.)	f the Current value of the
Mode Year: Appro	ok:oximate mileage:	scribe here:	☐ Debtor 2 only ☐ Debtor I and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (instructions)	Current value of entire property'.) see S	of the Current value of the portion you own?  \$\$  ured claims or exemptions. F
Mode Year: Appro Other f you own o	oximate mileage: r information: or have more than one, des	scribe here:	☐ Debtor 2 only ☐ Debtor I and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (instructions)  Who has an interest in the property? Check	Current value of entire property'.)  see S  Do not deduct section the amount of any	of the Current value of the portion you own?  \$  ured claims or exemptions. Fecured claims on Schedule
Mode Year: Appro	oximate mileage: r information: or have more than one, des	scribe here:	☐ Debtor 2 only ☐ Debtor I and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this is community property (instructions)  Who has an interest in the property? Chec	Current value of entire property'.)  see \$  Do not deduct section the amount of any Creditors Who Have	f the Current value of the portion you own?  \$  ured claims or exemptions. F secured claims on Schedule to Claims Secured by Prope
Mode Year: Appro Other	oximate mileage: r information: or have more than one, des	scribe here:	Debtor 2 only Debtor I and Debtor 2 only At least one of the debtors and another Check if this is community property (instructions)  Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of entire property'.)  see \$  Do not deduct sect the amount of any Creditors Who Have	the Current value of the portion you own?  \$  ured claims or exemptions. F secured claims on Schedule re Claims Secured by Prope
Mode Year: Appro Other If you own o 3.2. Make Mode Year: Appro	oximate mileage: r information: or have more than one, des	scribe here:	Debtor 2 only Debtor I and Debtor 2 only At least one of the debtors and another Check if this is community property (instructions)  Who has an interest in the property? Check Debtor 1 only Debtor 2 only	Current value of entire property'.)  see \$  Do not deduct sectifie amount of any Creditors Who Have	ured claims or exemptions. P secured claims on Schedule re Claims Secured by Proper f the Current of the

otor 1	Geddes First Name	Sean Schu Middle Name	ıbert	Gibbs Last Name	Case number					<del></del>
		INFINITI	Who ha	s an interest in the i	property? Check one.					
	∕lake:			or 1 only	•					
	Model:	INFINITI X56		or 2 only						
	Year:	2010		or 1 and Debtor 2 only			nt value of			
	Approximate mileage:	194000	🛚 At le	ast one of the debtors	and another	entire	property?	þ	ortion ya	iu owiir
	Other information:			ck if this is commu uctions)	nity property (see	Υ	5,600.00	\$_	, , , , , , , , , , , , , , , , , , ,	00.00
		tt			tu O Obrasila suss	the amou	educt secure ant of any sec	cured cl	aims on 3	Schedule D
3.4. 1	Make:				property? Check one.	Creditors	Who Have (	Claims S	Secured l	by Property
	Model:			lor 1 only						
	Year:			for 2 only		Curre	nt value of	the Cu	rrent va	lue of the
	Approximate mileage:			tor 1 and Debtor 2 onleast one of the debtors			property?	po	ortion yo	ou own?
			LI At le	ast one of the deplots	ano anomer					
	Other information.			ck if this is commu ructions)	nity property (see	\$		\$_		
Exam □ N:	-	omes, ATVs and off otors, personal waterd	ner recrea craft, fishing	tional vehicles, oth g vessels, snowmobi	er vehicles, and acce les, motorcycle access	ssories sories				
Exam No Ye	ples: Boats, trailers, mo o	omes, ATVs and oth	oraft, fishing Who ha ☐ Deb	g vessels, snowmobi as an interest in the tor 1 only	er vehicles, and acce les, motorcycle access property? Check one.	ories  Do not d	leduct secure unt of any se s Who Have	cuitu c	ланнэ он	Ochloddio
Exam No Ye	ples: Boats, trailers, mo o es Make:	omes, ATVs and oth	Who ha	g vessels, snowmobi as an interest in the tor 1 only tor 2 only	les, motorcycle access property? Check one.	Do not d the amo Creditor	s Who Have	Claims	Secured	by Proper
Exam □ Ni □ Ye	ples: Boats, trailers, mo o es Make: Model:	omes, ATVs and off otors, personal waterd	Who ha	g vessels, snowmobi as an interest in the tor 1 only	les, motorcycle access property? Check one.	Do not d the amo Creditor	unt of any se	Claims	Secured	by Proper
Exam DiN∈ DiYe	ples: Boats, trailers, mo o es Make: Model:	omes, ATVs and offotors, personal waterd	Who ha	g vessels, snowmobins an interest in the tor 1 only tor 2 only and Debtor 2 only	les, motorcycle access property? Check one. ly s and another	Do not d the amo Creditor	s Who Have	Claims	Secured	by Proper
Exam  No	ples: Boats, trailers, moo  ps  Make:  Model:  Year:  Other informationi  own or have more than	otors, personal waterd	Who had Deb	as an interest in the stor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors eck if this is communications)	les, motorcycle access property? Check one. ly s and another	Do not dithe amo Creditors  Curre entire  \$  Do not the amo	s Who Have	the Cup  seed claire	Secured vice triangles of the control of the contro	by Proper alue of the ou own?
Exam No	ples: Boats, trailers, moo  ss  Make:  Model:  Year:  Other informationi	otors, personal waterd	Who had Debth Debt	as an interest in the tor 1 only tor 2 only tor 1 and Debtor 2 only east one of the debtors eck if this is commu	property? Check one.  by and another  inity property (see	Do not de the amo Creditors  Curre entire  \$  Do not the amo Creditors	deduct securiount of any secur	Claims  the Cup  \$  red claims	Secured  urrent valortion y  ms or executaims or secured	by Proper alue of the ou own? emptions. I n Scheduk d by Prope
Exam No	ples: Boats, trailers, moo  ps  Make:  Model:  Year:  Other informationi  own or have more than	otors, personal waterd	Who had Debter D	as an interest in the stor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors eck if this is communications)	property? Check one.  by s and another   inity property (see   property? Check one.	Do not de the amo Creditor S	ent value of property?  deduct secure ount of any sers Who Have	Claims  the Cu p  seed claims cured claims	Secured  urrent valortion y  ms or exectaims or secured	by Proper alue of the ou own? emptions. In Scheduked by Proper
Exam No	ples: Boats, trailers, moo  bes  Make:  Model:  Year:  Other informationi  own or have more than  Make:  Model:	otors, personal waterd	Who had Debth Debt	as an interest in the stor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors eck if this is communications)	property? Check one.  by s and another  mity property (see property? Check one.	Do not de the amo Creditor S	deduct securiount of any secur	Claims  the Cu p  seed claims cured claims	Secured  urrent valortion y  ms or exectaims or secured	by Proper alue of th ou own? emptions.
Exam  No	ples: Boats, trailers, moo  ss  Make:  Model:  Year:  Other informationi  wwn or have more than  Make:  Model:  Year:	otors, personal waterd	Who had Debth Debt	as an interest in the stor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors eck if this is communications)	property? Check one.  by s and another  inity property (see  property? Check one.  ly s and another	Do not de the amo Creditor S	ent value of property?  deduct secure ount of any sers Who Have	Claims  the Cu p  seed claims cured claims	Secured variety variet	by Proper alue of the ou own? emptions. In Schedule d by Prope alue of th ou own?
Exam No	ples: Boats, trailers, moo  ss  Make:  Model:  Year:  Other informationi  wwn or have more than  Make:  Model:  Year:	otors, personal waterd	Who had Debth Debt	as an interest in the stor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors ructions)  as an interest in the otor I only stor 2 only stor 2 only stor 2 only stor 1 and Debtor 2 on east one of the debtor each if this is committed.	property? Check one.  by s and another  inity property (see  property? Check one.  ly s and another	Do not de the amo Creditor S	ent value of property?  deduct secure ount of any sers Who Have	the Cup  seed claims  red claims  red claims	Secured variety variet	by Proper alue of the ou own?  emptions. In Scheduled by Proper alue of the
Exam	ples: Boats, trailers, moo  ss  Make:  Model:  Year:  Other informationi  wwn or have more than  Make:  Model:  Year:	n one, list here:	Who had Debth Debt	as an interest in the stor 1 only stor 2 only stor 1 and Debtor 2 only east one of the debtors ructions)  as an interest in the stor I only stor 2 only stor 2 only stor 2 only stor 1 and Debtor 2 on east one of the debtor each if this is commitmental tructions)	property? Check one.  by s and another  inity property (see  property? Check one.  ly s and another	Do not dithe amo Creditors  Do not the amo Creditors  Currentire  Currentire  Currentire  Currentire  \$	deduct secure of any sees who Have deduct secure ount of any sees who Have ent value of a property'?	the Cup  seed claims  red claims  red claims	ms or exectains of secured with the secu	by Prope alue of th ou own? emptions. n Schedul d by Prope alue of th ou own?

4.

n	nh	ĺ٨	, ,	ł
128	ЭĐ	Ю	r	ı

Sean Schubert

Gibbs

Case number

							_
2	a	rt	3-	я	Describe	Your	Pe

Pa	t 3- Describe Your Personal and Household Items		
Do	you own or have any legal or equitable interest in any of the following items?		nt value of the n you own?
			deduct secured
6. 1	Household goods and furnishings	Claims	or exemption
	Examples: Major appliances, furniture, linens, china, kitchenware		
	□ No  No  Yes. Describe TABLES (3). CHAIRS(8), BEDS (4), LINENS, FREEZER (2); COUCHES (2); STOVE; REFRIGERATOR (1)	\$	\$6,000.00
7.	Electronics		
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
	□ No COMPUTER(3); TV (3) LAPTOP (2); PRINTER(1) SCANNER(1) CELL PHONE(3)	. \$	
ο.	Collectibles of value		
	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
	☑ No □ Yes, Describe	\$	
9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	□ No □ Yes, Describe carpentry tools	\$	\$300.00
1 N	. Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	1	
	Yes, Describe PISTOLS (2); SHOTGUN	_ \$	\$1,500.00
11	. Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No		
	☑ Yes. Describe WARDROBE	\$	\$1,000.00
12	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	gold, silver		
	<ul><li>№ No</li><li>Yes. Describe</li><li>WEDDING RINGS (2); WATCHES (2)</li></ul>	\$	\$2,000.00
13	. Non-farm animals Examples: Dogs, cats, birds, horses		
	No     Yes. Describe	- \$	
14	Any other personal and household items you did not already list, including any health aids you did not list.		
	□ No □ Yes, Give specific	\$	
	Information Sub-To	tal	\$10,800.00
1	5. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	\$	16,400.00
	for Part 3. Write that number here		-

Debtor 1	Geddes	Sean Schubert	Gibbs	Case number	
	First Name	Middle Name	Last Name		

o you own or have any l	egal or equitable interest in a	any of the following'~	Current value of the portion you own')
			Do not deduct secured claims or exemption
. Cash Examples: Money you h	nave in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your petition	
<b>⊠</b> No			
		Cash:	\$
7. Deposits of money  Examples: Checking, so and other sing.	avings, or other financial accou milar institutions. If you have m	ints; certificates of deposit; shares in credit unions, brokerage houses, nultiple accounts with the same institution, list each.	
<b>⊠</b> No			
Yes		Institution name:	
	m. Ol. D. Den servet		Φ.
	17.1. Checking account:		\$
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		\$
	17.9. Other financial account:		\$
	•		\$
			,
	•		
8. Bonds, mutual funds,	or publicly traded stocks		
	investment accounts with broken	erage firms, money market accounts	
⊠ No	tantitudian ar inpura manas		\$
Yes	Institution or issuer name:		\$
		<b>A</b>	\$
		•	٧
			\$
9. Non-publicly traded s an LLC, partnership, a		orated and unincorporated businesses, including an interest in	
⊠ No	Name of entity:	% of ownership:	
🗖 Yes. Give specific		%	\$
information about		%	\$
uiodi		%	\$
			Ψ
•			\$

Debtor 1	Geddes		Schubert	Gibbs	Case number		
	First Name	Middle I	Varre	Last Name			
20 000	ernment and corpo	orata bande and al	thar nagatish	la and non-negoi	itable instruments		
Mon	otiabla instruments	include personal ch	ecks cashiers	' checks, promisse	orv notes, and money orders.		
Non-	negotiable instrume	ents are those you o	annot transfer	to someone by si	igning or delivering them.		
$\boxtimes$ $I$	٧o						¢
	es. Give specific	Issuer name:					\$
	nem.	_					\$
							S
							V
21 Refi	rement or pension	accounts					
Exar	nples: Interests in II	RA, ERISA, Keogh,	401 (k), 403(b	), thrift savings ac	counts, or other pension or profit-s	haring plans	
<b>X</b>							
ر 🚨 ر	/es. List each account separately	Type of account:	Institution r	name:			
,	soodiit soparatory						S
		401 (k) or similar pla					ė
		Pension plan:					γ
		IRA:	•				\$
		Retirement account					\$
		Keogh:					\$
		Additional account,					\$
		Additional account:					\$
						(sub-total)	\$
	urity deposits and				•	<b>\,</b>	•
You	r share of all unuse	d deposits you have	made so that	you may continue	e service or use from a company , gas, water), telecommunications		
	panies, or others	with falloloids, pre	paid ferit, publ	o atmica (dicetto	, gas, nace, to comment and		
$\boxtimes$	No						
	Yes		Institution nam	e or individual:			
		Electric:			Western Western Williams		\$
		Gas:					\$
		Heating oil:					s
		Security deposit on	rental unit:				\$
		Prepaid rent:					\$
		Telephone:				-	\$
		Water:				•	\$
		Rented furniture:	<u></u>				\$
		Other:				(	\$
						(sup-total)	\$
		or a periodic payme	nt of money to	you, either for life	e or for a number of years)		
					1		
	Yes	Issuer name and	description:		•		\$
							\$
							\$
						(sub-total	)\$
m. (F) .	-L = 400 A (f)		0	chodula A/R: Pro	anerty.	•	page 6

Debtor 1	Geddes	Sean Schubert	Gibbs	Case number	
	First Name	M:dale Name	Last Name		
			ed ABLE program, or	under a qualified state tuition program.	
	C. §§ 530(b)(1), 529A(b	), and 529(b)(1).			
⊠ No □ Yes					
☐ Yes		Institution name and descrip	tion. Separately file the	records of any interests. 1 1 U.S.C. § 521 (c)-	•
					\$
					\$
				10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000	\$
					S
25. Trusts,	equitable or future int	terests in property (other t	han anything listed in	line 1), and rights or powers	V
exercis	able for your benefit				
🛛 No					
Yes	. Give specific				s
HIIO	illiation about them T				
26. Patents	s, copyrights, tradema	irks, trade secrets, and oth	er intellectual proper	ty	
Exampl	es: Internet domain nar	nes, websites, proceeds from	n royalties and licensin	g agreements	
🛛 No					
Yes	. Give specific				¢
info	rmation about them i			•	\$
oz Linance	ne franchiene and oth	her general intangibles			•
zr. Exemse Exampl	les: Building permils, ex	clusive licenses, cooperativ	e association holdings,	liquo licenses, professional licenses	
⊠ No	•				
	s. Give specific				
	rmation about them i				\$
Money or pr	roperty owed to you?				Current value of the portion you own?
					Do o (la rils or exemptions
					(la tils of exemptions
	unds owed to you				
⊠ No					
☐ Yes	<ul> <li>Give specific informat about them, including</li> </ul>	ion whether		Federal:	\$
	you already filed the r	returns		State:	\$
	and the tax years,	•		Local:	\$
				1	
29. Family					
Examp	les: Past due or lump si	um alimony, spousal suppor	t, child support, mainte	nance, divorce settlement, property settleme	nt
🔯 No					
Yes Yes	s. Give specific informat	ion.		Alimony:	¢
				10.5.t	\$
		=		Support:	\$
				Divorce settlement:	\$
-				Properly settlement:	\$
30. Other	amounts someone ow	res you ability insurance payments :	disability benefits, sick	pay, vacation pay, workers' compensation,	
ьланір	Social Security ber	nefits; unpaid loans you mad	e to someone else	, y, y, ( ),, ,, (, ,, ,, )	
☐ No					
Yes	s. Give specific informat	lion.			
					\$

Debtor 1	Geddes	Sean Schubert	Gibbs Last Name	Case number	
	First Name	Middle Ivane	Last Italia		
31. Intere	ests in insurance policies ples: Health, disability, or life	insurance; health saving	s account (HSA); cr	edit, homeowner's, or renter's insurance	
■ N					
☐ Ye	es. Name the insurance comp of each policy and list its v			Beneficiary:	Surrender or refund value:
	or each policy and list its v	value			<u> </u>
					\$
					\$
If you	rty because someone has die	trust, expect proceeds fr	who has died rom a life insurance	policy, or are currently entitled to receive	
	es. Give specific information				•
		t			\$
Exam	ns against third parties, who oples: Accidents, employment	ether or not you have fi disputes, insurance clair	led a lawsuit or mans, or rights to sue	de a demand for payment	
<b>∐</b> и ☑ Y	o es. Describe each claim <sup>Freed</sup>	dom Mortgage			\$ <u>\$500,000.00</u>
	r contingent and unliquidate t off claims	ed claims of	including count	erclaims of the debtor and rights	· - <del></del>
					<u> </u>
•	financial assets you did not	already list		•	
<b>⊠</b> N	o es, Give specific information.				<b>\$</b>
<b></b>	es. One specific intomation.				
36. Add	the dollar value of all of you	ur entries from Part 4, i	ncluding any entri	Sub s for pages you have attached	o-Total
	art 4. Write that number her				<b>→</b>
					\$
Part 5-	Describe Any Bus	iness-Related Pro	perty You Owr	n or Have an Interest In. List a	any real estate in Part 1.
37. Do y	ou own or have any legal or	r equitable interest in a	ny business-relate	i property?	
	lo. Go to Part 6.				
☐ Y	es. Go to line 38.				
					Current value of the portion you own')
	ounts receivable or commiss	sions you already earne	ed		
<u>⊠</u> ,					
<b></b> )	Co. Describe			<b>***</b>	
Exan	•	and supplies s, software, moderns, printers	s, copiers, fax machine	s, rugs, telephones, desks, chairs, electronic	devices
<b>⊠</b> 1					
LI )	res. Describe				\$

Debtor 1	Geddes		Gibbs	Case number	
	First Name	Middle Name	Last Name		
40. Mac	chinery, fixtures, e	equipment, supplies you use in	business, and tools of	your trade	
⊠ i	•			•	
<u> </u>	res. Describe				». <u>§</u>
41. Inve	•				
<u> </u>	Yes. Describe				. '\$
		ips or joint ventures			
	No Yes, Describe				
_	Yes, Describe	Name of entity:		% of ownershi	p:
					\$
		VIII.		%	<b>§</b>
				%	\$
42 Cu	stomer liete melli	ng lists, or other compilations			
43, Out		ng nata, or other complications			
		include personally identifiable	information (as defined	1 1 U.S.C. § 101 (41 A))?	
	□ No				
	Yes, Desc	ribe			<u> </u>
		ed property you did not alre		•	\$
					\$
					\$
					\$
					¢
					Ψ
					\$
		of all of your entries from Part			\$ \$0.00
for l	Part 5. Write that	number here			•
					•
Part 6	- Describe A If you own o	ny Farm- and Commercial r have an Interest in farmland,	Fishing-Related Pro list it in Part 1.	perty You Own or Have an Intere	st In.
	No. Go to Part 7.	any legal or equitable interest	in any farm- or commer	cial fishing-related property?	
<b>U</b>	Yes. Go to line 47.				Current value of the portion you own ?
				•	Do not deduct secured
	m animals	anden form at a differ			claims or exemptions.
	No	ooultry, farm-raised fish			^
	Yes				- <sub>.</sub>

Debtor 1 _	Geddes First Name	Sean Schubert Niddle Name	Gibbs Last Name	_ C	ase number		
	either growing or har	vested					
⊠ No ☐ Yes info	. Give specific						\$
	ind fishing equipment,	implements, machinery, fix	tures, and tools	of trade			
⊠ No □ Yes	 					1	
							\$
	and fishing supplies, c	hemicals, and feed					
⊠ No □ Yes	<u> </u>						
							\$
51. Any fa ⊠ No		shing-related property you					
☐ Yes	i, Give specific i,						s
IIIIO						Sub-total	
		your entries from Part 6, in	cluding any entri	es for pages	you have attached	<b>→</b>	\$
Pa	rt Write that						
Part 7-	Describe All Pr	operty You Own or H	ave an Interes	st in That	You Did Not Lis	t Above	
53. Do you Example	u have other property es: Season lickets, country	of any kind you did not alre	ady list?				
⊠ No	<b>1</b>						¢
	s. Give specific					=	\$
							\$
h ! ! !!		your entries from Part 7. W				4	\$ \$0.00
54. Add th	ie dollar value of all ol	your entries from Part 7. W	The that humber	nere		· • [	
Part	List the Totals	of Each Part of this F	orm				
55. Part 1	- Total real estate, line	2				<b>→</b>	\$ \$453,900.00
56, Part 2	- Total vehicles, line 5		<u>\$</u> \$	5,600.00			
57. Part 3	- Total personal and h	ousehold items, line 15	<u>\$</u> \$1	6,400.00	_		•
58. Part 4	- Total financial assets	s, line 36	\$	\$0.00	_		
59. Part 5	- Total business-relate	ed property, line 45	\$	\$0.00	-		
60. Part 6	- Total farm- and fishi	ng-related property, line 52	\$	\$0.00	_		
61. Part 7	7- Total other property	not listed, line 54	• \$	\$0.00	_		
62. Total	personal property. Add	lines 56 through 61	s\$\$	22,000.00	_ Copy personal prop	erty total 👈	\$ \$22,000.00
							\$ \$475,900.00
63. Total	of all property on Sche	dule A/B. Add line 55 + line	62				\$ <u>\$</u>

Fill in this info	rmation to identify yo	ur case:					
Debtor 1	Geddes	Sean Schu	bert G	ibbs			
Debtor 2 (Spause, if filing) Fi	rst Name	M:ddle Name	Last Name				
United States Ba	inkruptcy Court for the:	Middle	District of Per				
Case number			(\$	State)		☐ Check if this	
(if known)						amended filir	ng
-	orm 106C				-		
Sched	ule C: The	Prope	ty You	Claim	as Exemp	<b>t</b> 04/	19
Using the prope space is needed	rty you listed on Sched	<i>ule A/B:</i> Property ( nis page as many (	Official Form 106/	VB) as your sgt	arce, list the property tha	supplying correct information.  It you claim as exempt. If more  of any additional pages, write	
specific dollar of any applicat retirementfund limits the exem	amount as exempt. Al ple statutory limit. Sor s mavbe unlimited in	ternatively, you r me exemptions si dollar amount. H lollar amount and	nay claim the full uch as those for lowever, if you cl	fair market va health aids, rig aim an exemp	lue of the property bei ghts to receive certain stion of 100% of fair m	one way of doing so is to state a ng exempted up to the amount benefits, and tax-exempt arket value under a law that at amount, your exemption	l
Part 11-	entify the Property	You Claim as I	Exempt				and the second second
1. Which set o	f exemptions are you cl	aiming? Check or	ne only, even if y	our spouse is	filing with you.		
	e claiming state and fed			U.S.C. § 522(b	)(3)		
☐ You ar	e claiming federal exem	ptions, 1 1 U.S.C.	§ 522(b)(2)				•
2. For any pro	operty you list on Sch	edule AlB that yo	u claim as exem	pt, fill in the in	formation below.		
Brief des Schedule	cription of the property A/B that lists this prop	y and line on Curr erty por	ent value of the tion you own	Amount of th	ne exemption you claim	Specific laws that allow exem	<u>iption</u>
		Cot	y the value from Schedule AIB	Check only or	ne box for each exemption	•	
Brief description	59 COACH	ROAD \$_	\$453,900.00	s \$4:	53,900.00		
Line from Schedule					fair market value, up to icable statutory limit		
Brief		\$		_ □ s		WILDCARD EXEMPTION	N
description Line from Schedule				☐ 100% of	fair market value, up to icable statutory limit		
	ABLES (3) , CHAIRS(8), BLDS (4), LIN OVCHES (2),STOVE; REFRIGERATO	NENS, FREEZER (2); R (1) \$	\$6,000.00	_ 🗆 \$	\$6,000.00	(§ 42-8124) PERSONAL PRO	)PERT'
descripti <del>o</del> Line from		·			fair market value, u p to icable statutory limit		

☐ No Yes

3. Are you claiming a homestead exemption of more than \$170,350??

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Debtor	4	
Depice	1	

Geddes First Name

Sean Schubert Middle Name

Gibbs Last Name

Case number

#### **Additional Page**

Brief description of the property and on Schedule AlB that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
on objection file that had the property	Copy the value form	Check only one box for each exemption.	
Brief COMPUTER(3); TV (3) LAPTOP (2); PRINTER(1) description:  Line from Schedule AlB:	. \$	\$ 1 00% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Brief description: Line from Schedule AIB:	\$	\$ \$ 1 00% of fair market value, up to any applicable statutory limit	
Brief carpentry tools description: Line from Schedule AIB:	§300.00	\$\frac{300.00}{100\% \text{ of fair market value, up to any applicable statutory limit}	(§ 42-8124) PERSONAL PROPERTY
Brief PISTOLS (2); SHOTGUN description:  Line from Schedule AIB:	§ 1500	\$\frac{1500}{100\% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Brief WARDROBE description: Line from Schedule AIB:	\$ <u>1000</u>	\$\frac{1000}{100% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Brief WEDDING RINGS (2); WATCHES (2) Line from Schedule AlB:	<u>\$</u> 2000	\$\frac{2000}{100\% of fair market value, up to any applicable statutory limit	(§ 42-8124) PERSONAL PROPERTY
Brief description: Line from Schedule AIB:	\$	\$ 1 00% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule AIB:	\$	☐ S 1 00% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule AIB:	S	☐ \$ ☐ 1 00% of fair market value, up to any applicable statutory limit	
Brief description: Line Schedule AIB:	\$	\$ \$ 1 00% of fair market value, up to any applicable statutory limit	
Brief' description:	\$	S 1 00% of fair market value, up to any applicable statutory limit	
Brief description:  Line from Schedule AIR	\$	1 00% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case			
l Deptol i	an Schubert Gibbs		
First Name Middle Na Debtor 2	ne Last Name		
(Spouse, if filing) First Name Middle Na			
United States Bankruptcy Court for the:M	iddle District of Pennsylvania (State)	,	
Case number	, ,		Check if this is an
(if known)		J	amended filing
Official Form 106D			
Schedule D: Creditors	Who Have Claims	Secured by Pro	perty 12/15
Be as complete and accurate as possible. information. If more space is needed, copy additional pages, write your name and case	the Additional Page, fill it out, number a number (if known).	er, both are equally responsible the entries, and attach it to thi	for supplying correct s form. On the top of any
<ol> <li>Do any creditors have claims secured by</li> <li>No. Check this box and submit this form</li> </ol>		ou have nothing else to report or	this form.
Yes, Fill in all of the information below.	TO THE COURT WITH YOUR OTHER SCHEOULES.	on tiave froming else to report or	(the form)
Part 1 - List All Secured Claims			
2 List all secured claims If;zi creditor has more loi each darn If moie than one creditor l As niuch as possible list [lie clmms in alpha	has a phi-Lic tilon daim li-L the other o	reditors in Part 2 Do oueoil lie	Column B Column C  Value of collateral Unsecured that supports this portion claim If any
2.1 Ally Financial	Describe the property that secures the	63F 000 00	\$\$17,000.00 \$\$7,000.00
Creditor's Name	Describe the property that secures the		Y
Number Street	2014 RAM 2500	1	
P.O Box 380901	As of the date you file, the claim is: Che	ck all that apply.	
Bloomington, MN 55438  City State ZIP Code	Contingent This is A CHARGE O	FF ; UNCOLLECTABLE ACCOUN	NT: THIS FULL AMOUNT OF
Ally Financial P,O Box 380901	Unliquidated THE CLAIM IS DISPUT	FED.	(1, 1, 1, 1, 0)
Bloomington, MN 55438	Nature of lien. Check all that apply.		
Who owes the debt? Check one.  Debtor 1 only	An agreement you made (such as mortg	age or secured	•
Debtor 2 only	car toan)  Statutory lien (such as tax lien, mechanic	r'e lian'	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Judgment lien from a lawsuit	7.5 11.011)	
	Other (including a right to offset)		
Check if this claim relates to a community debt			
Date debt WAS incurred	Last 4 digits Of account number	010 000 00	
Toyota Financial Services	Describe the property that secures the	claim. & 310,000.00	\$\$
Creditor's Name	AALE MOLYOMA SYNDIA		
Number Street	2017 TOYOTA SIENNA	et all that anoth	
P.O. Box 9786	As of the date you file, the claim is: Che Contingent	ж ан шасарру.	
Cedar Rapids, IA 52409	☑ Unliquidated		
City State ZIP Code	☐ Disputed		
Who owes the debt? Check one.  Toyota Financial Services	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only Cedar Rapids, IA 52409	An agreement you made (such as mortg car loan)	· •	
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechani	c's lien)	
At least one of the debtors and another	Judgment flen from a lawsuit  Other (including a right to offset)		
Check if this claim relates to a community debt	, , , , , , , , , , , , , , , , , , , ,		
Date debt was incurred	Last 4 digits of account number		t
Add the dollar value of your entries in	Column A on this page Write that nur	nber here	
OW 1 4 4 400 D	adula D. Craditora Who Have Claims	Convered by Bronarty	page 1 of

Official Form 106D Schedule D. Creditors Who Have Claims Secured by Property page 1 of Case 5:24-bk-00457-MJC Doc 1 Filed 02/27/24 Entered 02/27/24 14:42:37 Desc Main Document Page 23 of 72

Sean Schubert

Gibbs

Case number

ľ	a	d	Į	

#### Additional Page

Colum A Amount of claim

Co lum C Colum B Value of collateral Unsecured

by 2.4, and so forth.	page, namber them beginning with his, tellowed	Do not deduct the value of collateral	that supports this claim	it ,iny
Credilor's Name	Describe the property that secures the cialm:	\$	<u> </u>	<b></b>
Number Street	71			
	As of the date you file, the claim is: Check all that appl	•		
City State ZIP Code	Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of iten. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statulory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit  Other (including a right to offset)			
Check if this claim relates to a community debt	— Onto (morading a light to onsor)	_		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim.	\$	_ \$	3
Creditor's Name				
Number Street	-	_		
	As of the date you file, the claim is: Check all that apply.  —   — Contingent			
	_ Unliquidated			
City State ZIP Code	Disputed /			
Who owes the debt? Check one.  Debtor 1 only	Nature of lien. Check all that apply.			
Debtor 2 only	<ul> <li>An agreement you made (such as mortgage or secured car loan)</li> </ul>			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax fien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
Check if this claim relates to a community debt	- Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that the	%	\$:	\$
Creditor's Name				
Number Street	<b>-</b> :	1		
	As of the date you file, the claim is: Check all that appi			
City State ZIP Code	☐ Contingent ☐ Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			,
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	<del></del>		
Date debt	Last 4 digits			
Add the dollar of	Column A this page Write that	s <u>43,000.00</u>		
If this the last page of Write that	add the dollar totals all pages	\$ 43,000.00		

$\Box$	hinr	4

Sean Schubert

Gibbs

Case number

Part 3-

List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2 then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

				On which entry in Part I or Part 2 did you list the original creditor?
Name Number	Street			Line of (Check one): Part I - Creditors with Priority Unsecured Claims Part 2- Creditors with Nonpriority Unsecured Claims
			<del></del>	Last 4 digits of account number
7			р	Last 4 digits of account number
1			·	On which entry in Part I or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one):  Part 1 - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured
			-	Claims
1			ZP 00	Last 4 digits of account number
(		S	ZP 00	
Name			141	On which entry in Part I or Part 2 did you list the original creditor?
				Line of <i>(Check one):</i> 📮 Part 1 - Creditors with Priority Unsecured Claims
Number	Street			Part 2- Creditors with Nonpriority Unsecured Claims
ſ		\$.a	-1.	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one):  Part 1 - Creditors with Priority Unsecured Claims
Number	Street			Part 2- Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of
				On which entry Part 1 Part 2 did you list the original creditor?
Name	1000			Line of (Check one): 🚨 Part I - Creditors with Priority Unsecured Claims
Number	Street			Part 2- Creditors with Nonpriority Unsecured
				Claims
		S	1.	Last 4 digits of account number
r		5		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1 - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured
Mumber	30660			Claims
				Last 4 digits of account number
(		S	,'I- <i>1</i> ).	-
Name				On which entry in Part I or Part 2 did you list the original creditor?
				Line of (Check one): 🚨 Part 1 - Creditors with Priority Unsecured Claims
Number	Street			Part 2- Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of

F	Il in this information to identify your case:			
D	ebtor 1 Geddes Sean Sc First Name Middle N	chubert Gibbs		
D	ebtor 2 {Spouse, if filing} First Name Middle Ka	me Last Name		
	76 At 1 TH	District of Pennsylvania		
١		(State)		Check if this is an
	se number known)			amended filing
Of	ficial Form 106E/F			
S	chedule E/F: Creditors V	Vho Have Unsecu	red Claims	12/15
List AIB cred nee any	as complete and accurate as possible. Use Part the other party to any executory contracts or use Property (Official Form 106A/B) and on Sched litors with partially secured claims that are listed ded, copy the Part you need, fill it out, number additional pages, write your name and case number	nexpired leases that could result i fule G- Executory Contracts and U If in Schedule D- Creditors Who H the entries in the boxes on the left	n a claim. Also list executory cor nexpired Leases (Official Form 10 lave Claims Secured by Property.	ntracts on <i>Schedule</i> 06G). Do not include any . If more space is
Pa	t 1- List All of Your PRIORITY Unsecure	ed Claims	a communication and a second s	
	Do any creditors have priority unsecured claim No. Go to Part 2. Yes.	s against you?		
	each cla listed identify what type of <b>it If</b> ronp ioiiLy As possible list unsecured clamns fill 1he Co ) Page F	alphabetic al according	g Lo the creditor if os a partir,ula rJaim list he o her r-	d both ity and thar prioliLy
	DEPT, OF TREASURY INTERNAL REVERSUE SERVICE P.O. BOX SUS		Total claim	Priority Nonpriority amount
21	PHILADELPHIA, PA 19101-8208		#40 00c 00	
L	DEPT. OF TREASURY Creditor's Name	Last 4 digits of account number _		\$\$13,896.00 \$
	INTERNAL REVENUE SERVICE	When was the debt incurred?		
	P.O. BOX 8208	As of the date you file, the claim is	· Chack all that apply	
	PHILADELPHIA, PA 19101-8208	Contingent	. Oneon an mar apply	
	State ZIP Code	☑ Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured cl	aim <sup>,</sup>	
	Debtor 1 and Debtor 2 only	Domestic support obligations	um.	
	At least one of the debtors and another	Taxes and certain other debts you	ours the government	
	☐ Check if this claim is for a community debt	Chaims for death or personal injury	_	
	the claim subject to offset?	intoxicated	Time you troid	
	No Pennsyls and Dept. of Revenue Bureau of fodividual Taxes	Other, Specify		
	Y. P.O. Box 280603 Harrisburg, PA 17128-0603	•		
22	Pennsylvania Dept. of Revenue Bureau of Individual Taxes	Last 4 digits of account number _		\$\$_
	Creditor's Name P.O. Box 280603	When was the debt incurred?	LALE LA SAMONOMY	
	Street			
		As of the date you file, the claim is	: Check all that apply	
	Harrisburg, PA 17128-0603	Contingent		
	State ZIP Code	☑ Unliquidated ☐ Disputed		
	Who incurred the debt? Check one.	Disputed		
	Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured cl	aim:	
	Debtor 1 and Debtor 2 only	Domestic support obligations		
	At least one of the debtors and another	Taxes and certain other debts you		
	☐ Check if this claim is for a community debt	Claims for death or personal injury	while you were	
	Is the claim subject to offset?	intoxicated  Other, Specify		
	is the claim subject to onset?	— Опет. эреспу		

Official Form 106E/F

Debto	r 1 Geddes Sean Schub	ert Gibbs Case number			
100 J. C.	First Name Middle Name	Lasi Name			
Pari Afte	50.00.000		Total alaim	Delority	Nonpriont
	NEW YORK STAIT DEPT, OF TAXATION & DINANCE NYS ASSESSMENT RECEIVABLES P.O. DOVALES BENGGAMION NY LEGE-123	beginning with 2 3 followed by 2 4 and so forth	Total claim	Priority amount	amount
	NEW YORK STATE DEPT. OF TAXATION & FINANCE NYS ASSESSMENT RECEIVABLES	Last 4 digits of account number	\$5,523.00	\$\$5,523.00	\$
	P.O. BOX 4127 Street	When was the debt incurred? 2020-2021			
	ADVINION AND ADVIN	As of the date you file, the claim is: Check all that apply.			
	BINGHAMTON, NY 13902-4127 State ZIP Code	☐ Contingent ☑ Unliquidated ☐ Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debter 1 and Debter 2 only	Taxes and certain other debts you owe the government			
	At least one of the deblors and another	Claims for death or personal injury white you were			
	Check if this claim is for a community debt	intoxicated  Other. Specify			
	Is the claim subject to offset?				
	☐ No				
	☐ Y~				
	Name	Last 4 digits of account number		_ \$	\$
		When was the debt incurred?			
	Street				
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	State ZIP Code	☐ Unliquidated			
		☐ Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	At least one of the debtors and another	☐ Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	Intoxicated			
	Check it this state to jot 2 destinating down	Other. Specify			
	is the claim subject to offset?				
	☐ No				
_	yes'				
		Last 4 digits of account number		\$	\$
	Creditor's Name				
	Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		Contingent			
	State ZIP Code	Unliquidated			
		☐ Disputed			
	Who incurred the debt? Check one.	W CDDIODITY			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
	At least one of the debtors and another	<ul> <li>Claims for death or personal injury white you were</li> </ul>			
	☐ Check if this claim is for a community debt	intoxicated  Other Specify			
		- Ottlet Opecity			
	the claim subject to offset?		。 27	,060.00	

η.	htor	4	

Sean Schubert

Gibbs Last Name

Case number

	Т	7	,	٠	ч	z,	ł	•	3	
	в		٠.	и	н	и	٠	٠.	с	

### List All of Your NONPRIORITY Unsecured Claims

4 Lis	prorio ily unsecured ha cred for separately for each claim		st clain s aiready
	Affirm Inc 30 Isabella Street, 4th Floor		Total claim
7	Pittsburgh, PA 15212	<b>/</b>	
.1	Affirm Inc	Last 4 digits of account number	\$900.00
	Nonpriority Creditor's Name	When was the debt incurred? JAN 2023	
*	30 Isabella Street, 4th Floor		
	Pittsburgh, PA 15212		
	Pittsburgh, PA 15212 Street State 21P Code	As of the date you file, the claim is: Check all that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	☑ Unliquidated	
	Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
		Obligations arising out of a separation agreement or divorce	
	Check if this claim is for a community debt	that you did not report as priority claims	
	Is the claim subject to offset? Ally Financial	Debts to pension or profit-sharing plans, and other similar debts	
	□ No P.O Box 380901 □ Yv Bloomington, MN 55438	Other. Specify	
	U Yv Bloomington, MN 55438		
	Ally Financial	Last 4 digits of account number	\$20,854.20
	Creditor's Name	When was the debt incurred?	
	P,O Box 380901		
	Bloomington. MN 55438	As of the date you file, the claim is: Check all that apply.	
	Bloomington, MN 55438 State ZIP Code	Confingent	
	THE TAXABLE PARTY OF THE PARTY	☑ Unliquidate	
	Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? Credit First NA  One 6275 EASTLAND RD	Other. Specify	
	Yes BROOKPARK, OH 44142		
		A A D do of a constant of	A4 00= 55
	Commonwealth of Pennsylvania	Last 4 digits of account number	\$1,097.00
	Creditor's Name	When was the debt incurred?	
	1211 North 5th Street, Suite 103 Street		
	Stroudsburg, PA 18360	As of the date you file, the claim is: Check all that apply.	
	Stale ZIP Code	☐ Confingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	- AMONDRIODITY	Page Total
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	\$22,851.20
		Student loans ——	,,
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to persion or profil-sharing plans, and other similar debts	
	□ No □ YES	Other. Specify	
	<u> </u>		

Geddes Sean Schubert First Name ##ddie Name	Gibbs Case number
2- Your NONPRIORITY Unsecured Claims	
r listing any entries on this page number them begin	nning with 4 4 followed by 4 5 and so forth
Dept of Ed / Aidvantage 1891 METRO CENTER DR. RESTON, VA 20190	Total claim
Dept of Ed / Aidvantage	Last 4 digits of account number \$54,594.00
Name 1891 METRO CENTER DR.	When was the debt incurred? 2010
Streel RESTON, VA 201	As of the date you file, the claim is: Check all that apply.
State ZIP Co.  Who incurred the debt? Check one.  M Debtor 1 only	Contingent Unflquidated Disputed
Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:  Student loans
☐ At least one of the deblors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes Digniff 1800 NE 8th Street,	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul>
Suite 210 Bellevue, WA 98004	Last 4 digits of account number\$1,932.00
Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Co.	Contingent  Unliquidaţed
Who incurred the debt? Check one.  Debtor 1 only	Disputed
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRICIRITY unsecured claim:  Student loans
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
□ No □ Yes FlexShopper 901 Yamato Rd, Suite 260	
Boca Raton, FL 33431	Last 4 digits of account number
Creditor's Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Co Who incurred the debt? Check one.	Contingent Unliquidated Disputed
□ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	Type of NIONPRIORITY unsecured claim:
At least one of the debtors and another	Student loans  Obligations arising out of a separation agreement or divorce that
Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other. Specify
☐ Yes	57,323.24
	(Sub Total Non Pric

Debtor	1 Geddes First Name	Sean Schubert	Gibbs Last Name	Case number	1400
				•	
Part		TY Unsecured Claims			
After			inning with 4 4	followed by 4 5 and so forth	Total claim
	Freedom Mortgage Corp 951 Yamato Road Boca Raton, FL	oration		•	
	Freedom Mortgage Corp	oratio		Last 4 digits of account number	\$273,426.59
	Name 951 Yamato Road			When was the debt incurred?	
	Street	22	431	As of the date you file, the claim is: Check all that apply.	
	Boca Raton, FL	State ZIP C		☐ Contingent	
	Who incurred the debt? Chec	sk one.		☑ Unliquidated ☑ Disputed	
	Debtor 1 only			·	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors a	and another		Student loans	
				<ul> <li>Obligations arising out of a separation agreement or divorce tha you did not report as priority claims</li> </ul>	
	Check if this claim is for	-		Debts to pension or profit-sharing plans, and other similar debts Other, Specify	
	Is the claim subject to offse	ır		Uner. Specify	
	□ voc	L LAW GROUP, PC			
	701	MARKET ST.			
		LADELPHIA, PA 19106-15 -	32	Last 4 digits of account number	\$0.00
	KML LAW GROUP, PO	and the same of th		·	
	701 MARKET ST.			When was the debt incurred?	
	PHILADELPHIA, PA	19	9106-1532	As of the date you file, the claim is: Check all that apply.	
		State ZIP C	ode	Contingent	
	Who incurred the debt? Chee	ck one.		☐ Unliquidated ☑ Disputed	
	■ Debtor 1 only			·	
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRICIRITY unsecured claim:	
	At least one of the debtors a			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	t
	Check if this claim is for	r a community debt		you did not report as priority claims	
	Is the claim subject to offse	_		Debts to pension or profit-sharing plans, and other similar debts  Other, Specify	
	□ No	Mission Lane Credit Care	1		·
	Yes	Mission Lane LLC	ı.		
		PO Box 105286 Atlanta, GA 30348-5286			
<u></u> j				Last 4 digits of account number	
	Creditor's Name			When was the debt incurred?	
	Street			As of the date you file, the claim is: Check ail that apply.	
		State ZIP	Code	☐ Contingent	
	When the control the debth of	ank and		Unliquidated	
	Who incurred the debt? Che Debtor 1 only	ck one.		Disputed	<del></del>
	Debtor 2 only			Type of NIONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors			<ul> <li>Obligations arising out of a separation agreement or divorce the you did not report as priority claims</li> </ul>	ai
	☐ Check if this claim is fo	r a community debt		Debts to pension or profit-sharing plans, and other similar debts	3
	Is the claim subject to offse	et?		Other, Specify	
	☐ No ☐ Yes				
	<b>□</b> 162			•	ń

1 Geddes Sean Schubert Git First Name Middle Name Last Name  2- Your NONPRIORITY Unsecured Claims - Contin	Case number
Your NONPRIORITY Unsecured Claims - Conting r listing any entries on this page number them beginning with the continuous	
NPRTO North-East, LLC 256 West Data Drive Draper, Utah 84020	Total claim
Diapet, Clair 04020	Last 4 digits of account number \$4,187.30
NPRTO North-East,	When was the debt incurred?
256 West Data Drive	
Street Draper, Utah 84020	As of the date you file, the claim is: Check all that apply.
Slate ZIP Code	Contingent ☐ Unitquidated
Who incurred the debt? Check one.	☐ Disputed
Debtor 1 only	Type of NONPRIORITY unsecured claim:
Debtor 2 only Debtor 1 and Debtor 2 only	Student loans
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other, Specify
□ No	
Ollo Credit Card P.O. Box 9222 Old Bethpage, NY 11804	,
Ollo Credit Card	Last 4 digits of account number \$1,300.0
Name	When was the debt incurred?
P.O. Box 9222 Street	
Old Bethpage, NY 11804	As of the date you file, the claim is: Check all that apply.
Stale ZIP Code	☐ Contingent ☐ Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only	Type of NONPRICIRITY unsecured claim:
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Student loans
At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other, Specify
□ No One Main Financial	· · · · · · · · · · · · · · · · · · ·
Yes P.O. Box 1010	
Evansville, 1N 47706	\$9,998.00
One Main Financial	Last 4 digits of account number
P.O. Box 1010	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
Evansville, IN 47706 State ZIP Code	Contingent
Who is accounted the dahle? Obselves	☑ Unitiquidated
Who incurred the debt? Check one.  Debtor 1 only	☐ Disputed
Debtor 2 only	Type of NIONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	☐ Student loans
At least one of the debtors and another	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other. Specify
⊠ No □ Yes	

Del	hfor	1

Geddes First Name

Sean Schubert

Gibbs

Case number

r listing any entries on this page number them beginning with 4 Sheriff of Monroe County, PA 610 Monroe Street Stroudsburg, PA 18360	+ 4 TOHOWED BY 4 5 AND SO TORES	Total claim
	Last 4 digits of account number	\$0.00
Name	When was the debt incurred?	
Street	As of the date you file, the claim is: Check all that apply.	
State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
	☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	<u>'</u> '	
At least one of the debtors and another	Student loans	
	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other, Specify	
□ No		
SNAP Finance Snap Finance LLC,		
Customer Service,		
PO Box 26561, Sait Loke City, UT 84126		
•	Last 4 digits of account number	\$1,874.06
SNAP Finance; Snap Finance LLC,	· · · · · · · · · · · · · · · · · · ·	
	When was the debt incurred?	
PO Box 26561, Street		
Salt Lake City, UT 84126	As of the date you file, the claim is: Check all that apply.	
State ZIP Code	☐ Contingent	
	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRICIRITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other, Specify	
No Synchrony Bank		
☐ Yes P.O. Box 105972		
Atlanta, GA 30348-5972		<b>A</b> 301.55
	Look & digite of account number	\$731.00
Synchrony Bank	Last 4 digits of account number	
Creditor's Name	When was the debt incurred?	
P.O. Box 105972	***************************************	
Atlanta, GA 30348-5972	As of the date you file, the claim is: Check all that apply.	
Atlanta, GA 30348-5972 Stole ZIP Code	☐ Contingent	
Duit Bi Code	☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
□ Debtor 1 only		
Debtor 2 only	Type of NIONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
☐ At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other, Specify	
□ No	• • • • • • • • • • • • • • • • • • • •	
☐ Yes		

lor 1 G	eddes Sean Sch		Gibbs st Name	Case number	
art 2- Your i	NONPRIORITY Unsecured	Claims - C	Continuation	n Page	
ter listing any e	entries on this page number t Toyota Financial So P,O, Box 9786		lng with 4 4 f	ollowed by 4 5 and so forth	Total claim
	Cedar Rapids, IA 5	2409		Last 4 digits of account number	\$15,000.00
	Name			When was the debt incurred?	
	Pireel			As of the date you file, the claim is: Check all that apply.	
Who incurred	State the debt? Check one.	ZIP Code		☐ Contingent☐ Unliquidated☐ Disputed	
Debtor 1 or				Type of NONPRIORITY unsecured claim:	
At least one	e of the debtors and another his claim is for a community de	bt		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce the you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> </ul>	
Is the claim s	subject to offset?			Other. Specify	,
c	13			Last 4 digits of account number	
	Name •			When was the debt incurred?	
	Street		<del></del>	As of the date you file, the claim is: Check all that apply.	
	State	ZIP Code	:	☐ Contingent	
Who incurred	the debt? Check one.			Unliquidated Disputed	
Debtor 1 or				Type of NONPRICIRITY unsecured claim:	
	e of the debtors and another			<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce the you did not report as priority claims</li> </ul>	at
	this claim is for a community de subject to offset?	bt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	S
				Last 4 digits of account number	
Credi	tor's Name			When was the debt incurred?	
	Street			As of the date you file, the claim is: Check all that apply.	
	State	ZIP Code	•	Contingent	
Who incurred	the debt? Check one.			☐ Unliquidated ☐ Disputed	
Debtor 1 o	•			Type of NIONPRIORITY unsecured claim:	
Debtor 2 o	nly nd Debtor 2 only			Student loans	
	e of the debtors and another			Obligations arising out of a separation agreement or divorce th	at
Check if	this claim is for a community de	ebt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debt	
	subject to offset?			Debts to pension or profit-sharing plans, and other similar deot  Other. Specify	•
☐ No ☐ Yes					

De		

First Name

Sean Schubert Middle Name Gibbs

Case number

Dart 2

Your NONPRIORITY Unsecured Claims - Continuation Page

sting any entries on this page number them beginning with NEW YORK STATE DEPT, OF TAXATION & FINANCE NYS ASSESSMENT RECEIVABLES P.O. BOX 4127 BINGHAMTON, NY 13902-4127	
	Last 4 digits of account number
Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Code	Contingent Unliquidated
no incurred the debt? Check one.	Disputed
Debtor 1 only	- CHOURNODITY
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
Check if this claim is for a community debt	you did not report as priority claims
the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other. Specify
the claim subject to diset?	u olner. Specify
Yes	
	Last 4 digits of account number
Name	When was the debt incurred?
Sfreet	As of the date you file, the claim is: Check all that apply.
State ZIP Code	☐ Contingent
	☐ Unliquidated
ho incurred the debt? Check one.	☐ Disputed
Debtor 1 only	
Debtor 2 only	Type of NONPRICIRITY unsecured claim:
Debtor 1 and Debtor 2 only	Student loans
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that
Check If this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
the claim subject to offset?	Other. Specify
No	
Yes	
	Last 4 digits of account number
Creditor's Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Code	Contingent
he incurred the debt? Check one.	Unfiquidated
	☐ Disputed
l Debtor 1 only I Debtor 2 only	Type of NiONPRIORITY unsecured claim;
I Debtor 2 only Debtor 1 and Debtor 2 only	_
At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts
the claim subject to offset?	Other. Secify
l No	

Debtor	1
--------	---

Sean Schubert

Gibbs

Case number

Part 2-

Your NONPRIORITY Unsecured Claims - Continuation Page

	Total clair
	Last 4 digits of account number
Name	When was the debt incurred?
Street	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>
State ZIP Code Who incurred the debt? Check one.	☐ Contingent☐ Unitquidated☐ Disputed☐
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:
Deblor 1 and Debtor 2 only	☐ Student loans
At least one of the debtors and another  Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify
Yes	
	Last 4 digits of account number
Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Code	□ Contingent □ Unliquidated
Who incurred the debt? Check one.	☐ Disputed
Debtor 1 only Debtor 2 only	Type of NONPRICIRITY unsecured claim:
Debtor 1 and Debtor 2 only  At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other. Specify
□ No □ Yes	
	Last 4 digits of account number
Creditor's Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Code	Contingent Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only Debtor 2 only	Type of NIONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Student loans
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts  Other, Specify
□ No □ Yes	

Debtor 1	Geddes	Sean Schubert	Gibbs	Case number

Last Name First Name Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page Part 2-After listing any entries on this page number them beginning with 4 4 followed by 4 5 and so forth Total claim Last 4 digits of account number When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Unliquidated Who incurred the debt? Check one, ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other, Specify\_ ☐ No ☐ Yes Last 4 digits of account number When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRICIRITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify\_ ☐ No Yes Last 4 digits of account number Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. State ZIP Code ☐ Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NIONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify\_\_\_

☐ No Yes

Desc

Debtor 1 _	Geddes First Name	Scan Schubert	Gibbs Last Name	Case number	
Part 2-	Your NONPRIORITY I		s - Continuati	on Page	na n
After lis	ting any entries on this pag	ge number them be	ginning with 4 4	followed by 4 5 and so forth	Total claim
				Last 4 digits of account number	
<b></b>	Name			When was the debt incurred?	
	Street		···	As of the date you file, the claim is: Check all that apply.	
	o incurred the debt? Check on		Code	Contingent Unliquidated Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:  Student loans	
	At least one of the debtors and a	nother		Other than a data and at a connection area amont as discovered that	

	When was the debt incurred?
Street	— As of the date you file, the claim is: Check all that apply.
State ZIP Code	Contingent
	☐ Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only	
Debtor 2 only	Type of NONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	<u> </u>
At least one of the debtors and another	Student loans
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts
Is the claim subject to offset?	Other. Specify
□ No	
☐ Yes	
	Last 4 digitar of account number
Name	
	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Code	Contingent
	☐ Unliquidated
Who incurred the debt? Check one.	☐ Disputed
Debtor 1 only	·
Debtor 2 only	Type of NONPRICIRITY unsecured claim:
Debtor 1 and Debtor 2 only	Student loans
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that
<b>—</b>	you did not report as priority claims
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts
is the claim subject to offset?	Other. Specify
□ No	
Yes	
	Last 4 digits of account number
Creditos's Name	When was the debt incurred?
Street	As of the date you file, the claim is: Check all that apply.
State ZIP Code	Contingent
	Unliquidated
Who incurred the debt? Check one.	Disputed
Debtor 1 only	
Debtor 2 only	Type of NIONPRIORITY unsecured claim:
Debtor 1 and Debtor 2 only	Student loans
At least one of the debtors and another	Obligations erising out of a separation agreement or divorce that
	you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset?

No Yes

Debtor 1	Gedd	es
----------	------	----

First Name

Sean Schubert

Gibbs

Case number

Part 3-

List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2 then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		On which entry in Part I or Part 2 did you list the original creditor?
Name Number	Street	Line of (Check one):  Part I - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured Claim
<del></del>	þ	Last 4 digits of account number
(	P	On which entry in Part I or Part 2 did you list the original creditor?
Name		·
Number	Street	Line of (Check one):  Part 1 - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured  Claims
	s ZP 00	Last 4 digits of account number
	•	On which entry in Part I or Part 2 did you list the original creditor?
Name	A STATE OF THE STA	
Number	Street	Line of (Check one):  Part 1 - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured
•		Claims
	\$.a -1.	Last 4 digits of account number
		On which entry in Part 1 or Part 2 did you list the original creditor?
Name		Line of (Check one):  Part 1 - Creditors with Priority Unsecured Claims
Number	Street	Part 2- Creditors with Nonpriority Unsecured
		Claims
<del> </del>		Last 4 digits of
		On which entry Part 1 Part 2 did you list the original creditor?
Name		
Number	Street	Line of (Check one):  Part I - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured
		Claims
	4	Last 4 digits of account number
r	s 1.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name		
Number	Street	Line of (Check one):  Part 1 - Creditors with Priority Unsecured Claims  Part 2- Creditors with Nonpriority Unsecured
Number	Street	Claims
(	\$ , <sup>T</sup> - <i>D</i> .	Last 4 digits of account number
		On which entry in Part I or Part 2 did you list the original creditor?
Name		Line of (Check one): 🚨 Part 1 - Creditors with Priority Unsecured Claims
Number	Street	Part 2- Creditors with Nonpriority Unsecured
-		Claims
		Last 4 digits of

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

page \_\_\_ of \_\_\_

n	eİ	h	h	ŗ	1	

Geddes

Sean Schubert

Gibbs

Case number

Part 4-

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6b. Taxes and certain other debts you owe the government

6c. Claims for death or personal injury while you were intoxicated

6d. Other. Add all other priority unsecured claims. Write that amount here.

6e. Total. Add lines 6a through 6d.

\$57,323.24 Total

6b.

6c.

6d. +

Total claims from Part 2

6f Student loans

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority

6h. Debts to pension or profit-sharing plans, and other similar debts

6i. Other, Add all other nonpriority unsecured claims. Write that amount here.

6j. Total. Add lines 6f through 6i.

6f.

6g.

Total claim

		formation to identify Geddes	Sean Schubert	Gibbs		
Del	otor 1	First Name	Middle Name	Last Name		
De	btor 2 (Spause	, if filing) First Name	Middle Name	Lasi Name		
Un	ited States I	Bankruptcy Court for the:	MiddleDistrict	of Pennsylvania (State)		
	se number known)	**************************************	100000 0	(=tate)	Į	Check If this is ar
[					_1	amended filing
∩ff	icial F	orm 106G				
			sutory Contrac	te and Un	expired Leases	12/15
				· · · · · · · · · · · · · · · · · · ·		The state of the s
infor	mation. If	more space is neede	ossible. If two married people ed, copy the additional page, and case number (if known).	are ming together, fill it out, number t	both are equally responsible for supply the entries, and attach it to this page. On	the top of any
1. E	o you ha	ve any executory co	ntracts or unexpired leases?			
	No. CI	neck this box and file t	his form with the court with you	r other schedules. Y	ou have nothing else to report on this form	
					on Schedule AIB: Property (Official Form 1	
	ist separa example, unexpired	rent, vehicle lease, o	company with whom you ha cell phone). See the instruction	ve the contractor I s for this form in the	ease. Then state what each contractor l instruction booklet for more examples of e	ease is for (for xecutory contracts and
	Person o	r company with who	m you have the contract or le	ase	State what the contract or lease is for	
2.1						
	Number	Street				
	City		Sap ZIP e			
2,2					and defined and the second sec	
	Number	Street	LL SANIANT.	*		
	City		ZIP Code		1	
23	City	200	LIF Gode	Allers		
	Number	Street				
			01.4- 7ID 0-4-			
24	C lty		State ZIP Code	4/3/6/0	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 10	
٠,						
	Number	Street				
	740711061					
<u>.</u>		AAAAAAAAA	S tat e. ZIP Code			
2.5				A.M.		
		Circal				
	Number	Street				

ZIP Code

State

City

S.L	4	
Deblor	1	

Geddes First Name Sean Schubert

rt

Gibbs Last Name

Case number



## Additional Page if You Have More Contracts or Leases

Person or c	ompany with	whom you h	ave the contract or lease	What the contract or lease is for
***************************************			Annual Albertania	<del></del>
Number	Street			
City		State	ZIP Code	
Number	Street			<del></del>
City			ZIP Code	
			-	
Number	Street		Account and the	
City		State	ZIP Code	
			a haddinahiddir.Pitico	AMMAN
Number	Street		ZIP Code	
——————————————————————————————————————			All COMO	
Number	Street			
City			ZIP Code	
				<u></u>
Number	Street			
City		State	ZIP Code	
Name				
Number	Street			
City			ZIP Code	
Number	Street			
City			ZIP Code	

Name	
Last Name	
nnsylvania	
(State)	
(	

☐ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

4 1		
	Do you have any codebtors? (If you are filing a jont case, do	not list either spouse as a codebtor)
	No	
	l Yes	the of the anteritoral 2 (Community property states and territories
2. V	Within the last 8 years, have you lived in a community propert clude Arizona, California, Idaho, Louisiana, Nevada, New Mexico	, Puerto Rico, Texas, Washington, and Wisconsin.)
	No. Go to line 3.	
	Yes. Did your spouse, former spouse, or legal equivalent live v	vith you at the time?
	□ No	
	Yes. In which community state or territory did you live?	Fill in the name and current address of that person.
	Name of your spouse, former spouse, or legal equivalent	
	Number Street	
	City State	ZIP Code
sh	rown in line 2 again as a codebtor only if that person is a gu	ouse as a codebtor if your spouse is filing with you. List the person arantor or cosigner. Make sure you have listed the creditor on 106EIF), or Schedule G (Official Form 106G). Use Schedule D
	chedule EIF, or Schedule G to fill out Column 2.	
	Calumn 1 Your codebtor	Column 2 The Creditor to whom you owe the debt
3.1		
		I I Schedule D line
	Namo	
	Name	Schedule E/F, line
		☐ Schedule E/F, line
20		☐ Schedule E/F, line
3.2		Schedule E/F, line  Schedule
3.2	Name	Schedule E/F, line  Schedule  Schedule D, line  Schedule E/F, line
3.2		Schedule E/F, line  Schedule  Schedule D, line
3.2	Name	Schedule E/F, line  Schedule  Schedule D, line  Schedule E/F, line
3.2	Name	Schedule E/F, line  Schedule D, line  Schedule E/F, line  Schedule G, line
	Name	Schedule E/F, line  Schedule D, line  Schedule E/F, line  Schedule G, line
v.	Name	Schedule E/F, line  Schedule D, line  Schedule E/F, line  Schedule G, line

Debtor 1	Geddes First Name	Sean Schubert Middle Name	Gibbs Last Name	<b>,</b> €	ase number
	Additional Page to	List More Codebtors			
С	olum 1 Your codebtor			·	Colum 2 The creditor to whom you owe the debt
					Check all schedules Lhat apply
3					
					Schedule D, line
-	Street				Schedule G, line
3					•
_					Schedule
					Schedule E/F, line
_	Street				Schedule G, line
-					
3					
i -					Schedule D, line
_	Street				Schedule G, line
					· —
_		AAA			•
3					Schedule D, line
					Schedule E/F, line
	Street				Schedule G, line
_	<del></del>	State	ZIP Cod	e e	-
3		· ·	211 511	•	
					Schedule
_	Street				Schedule E/F, line
	Succi				
_					•
3					Schedule D, line
	-				☐ Schedule E/F, line
	Street				Schedule G, line

IPr,

ZIP Code

Street

Street

0

☐ Schedule

☐ Schedule E/F, line \_\_\_\_\_

□ Schedule D, line \_\_\_\_\_
□ Schedule E/F, line \_\_\_\_\_
□ Schedule G, line \_\_\_\_\_

Fill in this information to identify		Gibbs			
Debtor 1 Geddes First Name	Sean Schubert	Last Name			
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Middle	District of Pennsylva	nia		
Case number		(State)		Check if the	
(15 for more)				☐ An ame ☐ A suppl	enged ming lement showing postpetition chapter 13
					as of the following date:
Official Form 1061				MM / DE	D/ YYYY
Schedule I: You	r Income				12/15
supplying correct information. If yo if you are separated and your spou separate sheet to this form. On the	u are married and not fi se is not filing with you, top of any additional pa	ling jointly, and yo	ur soc vroatii	nuse is living with your should	r 2), both are equally responsible for ou, include information about your spouse, se. If more space is needed, attach a nown). Answer every question.
Part 11- Describe Employm	ent				
1 Fill in your employment		Debtor 1			Debtor 2 or non-filing spouse
information.  If have more than one job,	Geddes '	Sean Schuber	t	Gibbs	
attach a separate page with information about additional employers.	Employment status	⊠ Employed □ Not employ	eď		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	COUNSELOR	ł		
Occupation may include student homemaker, if it applies.	Employer's name	LIVE LIFE SE	ERVI	CES, LLC	
	<b>Employ 3</b> <i>m</i> Employ				
	Employer's address	804 SARAH S Number Street	ST.		Number Street
		STROUDSBURG		18360 <b>₩</b> ZIP Code	City State ZIP Code
	tion laws applound th	City	_	d ZiF Code	City State 2.11 2005
	How long employed th	ere? 2 YEAR			
Part 2- Give Details Abou	t Monthly Income				
The second secon	he date you file this form	. If you have nothin	g to re	port for any line, wri	te \$0 in the space. Include your non-filing
unless you are separated If you or your non-filing spouse h below. If you need more space, a	ave more than one emplo	yer, combine the info			
gelow. II you need more space, a	ttach a separate shoct to	mo torni		For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sala deductions). If not paid monthly.	ry, and commissions (be calculate what the month	efore all payroll ly wage would be.	2.	\$4,000.00	
3 Estimate and list monthly over	time pay.		3. +		_ + \$
4 Calculate gross income. Add lin	ne 2 + lìne 3.		4.	\$4,000.00	\$0.00
				ę	\$4.000.00

Official Form 1061:24-bk-00457-MJC Doc 1 Schedule F Your Income Filed 02/27/24 Entered 02/27/24 14:42:37 Desc Main Document Page 44 of 72

Copy line 4 here  4.4. \$4,000.00  Selected layoy10 deductions:  Tax, Medicare, and Social Security deductions  5. Mandatory contributions for retirement plans  6. Mandatory contributions for retirement familians  6. Mandatory contributions	Deblor 1	Geddes First Name	Sean Schubert	Gibbs Last Name	_	Case number		
List all payroll deductions:  Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Sequired repayments of retirement trans  5c. Sequired retained retained trans  5c. Sequired retained retained for each sequired retained trans  5c. Sequired retained ret						For Debtor 1	filinq	
Tax, Medicare, and Social Security deductions  50. Mandatory contributions for retirement plans  50. Sequired repayments of retirement plans  51. Demostic support obligations  52. Comestic support obligations  53. Union dises  54. Sp. Union dises  55. Other deductions. Specify:  56. Add the payroll deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  59. Union dises  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 50 + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 5c + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 5c + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 5c + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 5c + 5f + 5g + 5h.6.  50. Other deductions. Add lines 5n + 5b + 5c + 5d + 5c + 5f + 5g + 5h.6.  50. Other monthly income. Add line 7 + line 9.  Add all other income and dines 5n + 5b + 5c + 5d + 5c + 5f + 5g + 5h.6.  50. Other monthly income. Add line 7 + line 9.  Add the entries in line 1 0 fur Debtor 1 and Debtor 2 or non-filling spusue.  10. Sq. Other monthly income. Add line 7 + line 9.  Add the entries in line 1 0 fur Debtor 1 and Debtor 2 or non-filling spusue.  11. + \$0. Other monthly income. Add line 7 + line 9.  Add the entries in line 1 0 fur Debtor 1 and Debto	Copy	/ line 4 here			44	\$4,000.00	\$0.00	
Sb. Mandatory contributions for retirement plans Voluntary contributions for retirement plans Sc. Required repayments of retirement fund loans Insurance Sc. Required repayments of retirement fund loans Sc. Required repayments of retirement fund loans Sc. Union dues Nation or retirement fund from operating a business, profession, or farm Attach a statement for each property and town operating a business, profession, or farm Attach a statement for each property and business showing grass receipts, ordinary and necessary business showing grass receipts, ordinary and necessary business showing grass receipts, ordinary and necessary business showing grass receipts, ordinary and reseases publication of the total monthly in econe. Sc. Union and dividends Sc. Union and and dividends	5 List a	II payroli deductio	ons:					
Voluntary contributions for retirement plans  56. Required repayments of retirement fund loans  57. Domestic support obligations  58. Union dues  59. Union dues  59. Union dues  59. Shyls		Tax, Medicare, an	d Social Security deductions		5a		_	
Voluntary contributions for retirement plans  56. Required repayments of retirement fund loans  57. Domestic support obligations  58. Union dues  59. Union dues  59. Union dues  59. Shyls	5b.	Mandatory contril	butions for retirement plans		5b			***
Insurance   56.		Voluntary contrib	utions for retirement plans					_
56, Union dues 59, Union dues 50, Union due dueticions, Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.6. \$0.00 \$0.00  7 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7, \$4,000.00 \$0.00  8 List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each properly and business showing gross receipts, cordinary and necessary business expenses, and the total monthly net income. 8a. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and proporty settlement. 8d. Unemployment compensation 8d. 3d. Unemployment compensation 8d. 4d. Unemployment compensation 8d. 5d. 5d. 8d. 8d. 8d. 8d. 8d. 8d. 8d. 8d. 8d. 8	5d.	Required repayme	ents of retirement fund loans		5d.	<u> </u>		***
59. Union dues  59. Union dues  59. Other deductions. Specify:  59. Other deductions. Specify:  59. Other deductions. Specify:  59. Other deductions. Add lines 5a + 5b + 5c + 6d + 5c + 5f + 5g + 5h.6.  \$0.00  \$0.00  \$0.00  \$0.00  \$1. St. Other deductions. Add lines 5a + 5b + 5c + 6d + 5c + 5f + 5g + 5h.6.  \$0.00  \$0.00  \$1. St. Other deductions. Add lines 5a + 5b + 5c + 6d + 5c + 5f + 5g + 5h.6.  \$0. Other deductions. Add lines 5a + 5b + 5c + 6d + 5c + 5f + 5g + 5h.6.  \$0. Other deductions. Add lines 5a + 5b + 5c + 6d + 5c + 5f + 5g + 5h.6.  \$0. Other desired in a statement for each property and from operating a business, profession, or farm.  Alach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly the income.  8a.		Insurance			5e.			_
59. Unlon dues 50. Other deductions. Specify: 50. Add the payroll deductions. Specify: 50. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.6. 50.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.0	5f. I	Domestic support	i obligations		5f			<del></del>
6. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.6.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$4,000.00  \$0.00  \$0.00  \$1. List all other income regularly received:  Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. Unemployment compensation  8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00  \$0.00  \$4,000.00  \$4,000.00  \$4,000.00  \$4,000.00  11 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommatos, and other rifends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommatos, and other rifends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommatos, and other rifends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to p			-		5a _			<del>-</del>
6 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.6. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.	-		Snecify:		•			
8 List all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and casessary business expenses, and the total monthly net income.  8a.  8b. Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c.  8d. Unemployment compensation  Social Socurity  8. Other government assistance that you regularly receive include cash assistance and the value (il known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ \$ \$  Specify:  8f. \$ \$  Sh. + \$ \$  9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8c + 8f + 8g + 8h.  9.  \$10 Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include cannount in the last column of line 10 to the amount in li					•			<del></del>
Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly her income.  8b. Interest and dividends  8b.						* 4 000 50	\$ \$0.00	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a.  8b. Interest and dividends  8b.  Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c.  8d. Unemployment compensation  8d.  8e.  8l. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. + \$  9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00  \$0.00  \$1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other (friends or relatives.)  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11 State all other regular contributions to the expenses that you list in Schedule J. Specify:  12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabitities and Certain Statistical Information, if it applies  Combined monthly income.  13 Do you expect an increase or decrease within the year after you file this form?	8 List a	all other income r	egularly received:					
receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. 8c. 8d. Unemployment compensation  8d. 8e.				rating a business,				
Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. 8d. Unemployment compensation 8d. Social Security 8e. 8d. Social Security 8d.		receipts, ordinary	and necessary business expens	s showing gross es, and the total	8a			_
Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation Social Security 8e.  8d. Se.  8d. Se	8b.	•			8b.			_
Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation Social Security  8e.  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  8h. + \$  9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00  \$0.00  10. \$4,000.00  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summery of Your Assets and Liabilities and Certain Statistical Information, if it applies  12. \$4,000.00  Combined monthly income.			ayments that you, a non-filing	j spouse, or a depei	ndent			
86.  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  \$pecify:  8g. Pension or retirement income  8g. \$  \$h. Other monthly income. Specify:  9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9 \$  \$0.00  \$0.00  \$0.00  \$4,000.00  \$4,000.00  \$11 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  12 \$4,000.00  Combined monthly income.  13 Do you expect an increase or decrease within the year after you file this form?		Include alimony, s		naintenance, divorce	8c			<b></b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8d.	• •	ompensation				*	_
8h. Other monthly income. Specify:  9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0	8f.	Include cash assist that you receive, s Nutrition Assistant	stance and the value (if known) ruch as food stamps (benefits ur ce Program) or housing subsidie	of any non-cash assis nder the Supplementa es.	stance al	\$	<u> </u>	_
8h. Other monthly income. Specify:  9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.  9. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$	8a.	Pension or retire	ment income		8g.	\$	\$	_
9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  9. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0					-	+ \$	+\$	_
Add the entries in line 1 0 for Debtor 1 and Debtor 2 or non-filling spouse.  10					ſ	\$0.00	\$0.00	
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  12.  \$4,000.00  Combined monthly income  13 Do you expect an increase or decrease within the year after you file this form?				non-filing spouse,	10.	\$4,000.00	+ \$0.00	_   2   \$4,000.00
Specify:  12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  13 Do you expect an increase or decrease within the year after you file this form?  No.	Incl frier	ude contributions fr ids or relatives.	om an unmarried partner, mem	bers of your househo	ld, your de			,
12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  12. \$4,000.00  Combined monthly income  13 Do you expect an increase or decrease within the year after you file this form?								
Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  Combined monthly income  13 Do you expect an increase or decrease within the year after you file this form?  No.	-	-					<del></del>	¥
13 Do you expect an increase or decrease within the year after you file this form?  No.								Combined
		•	crease or decrease within the	year after you file t	his form?			пюнину іпсотів
					1	<i>/</i>		

Fill in this in	formation to identify	vour case:				
Debtor 1	Geddes	Sean Schubert	Gibbs			
Debtor 2	First Name	Middle Name	Last Name	Check if this is	s:	
(Spouse, if	filing) First Name	Middle Name	Last Name	🗖 An amende		
United States I	Bankruptcy Court for the:	Middle District of	Pennsylvania (State)	☐ A supplem	ent showing postp as of the following	etition chapter 13
Case number						uate.
( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (				MM / DD / Y	YYY	
Off:-:-1 E	- mas 400 l					
	orm 106J	COMMA				
		ır Expenses				12/15
information. If	e and accurate as po more space is neede swer every question.	ssible. If two married people a d, attach another sheet to this	are filing together, be form. On the top of	oth are equally resp any additional pag	ponsible for supplyl es, write your name	ing correct e and case number
	Describe Your Hous	sehold				
I. Is this a join	t case?					
No. Go l	o line 2. es Debtor 2 live in a s	eparate household?				
		Official Form 106J-2, Expenses	s for Separate House	nold of Debtor 2.		
. Do you have	dependents?	☐ No	Dependent's re	elationship to	Dependent's	Does dependent live
Do not list D	ebtor I and	Yes, Fill out this informat	tion for Debtor I or De	btor 2	age	with you'?
Debtor 2.  Do not state	the dependents'	each dependent				☐ No ☐ Yes
names.	•					☐ No
						Yes
						□ No
						☐ Yes
						U No □ Yes
						☐ No
					-	☐ Yes
expenses o	enses include f people other than d your dependents?	☐ No ☐ Yes				
Part Es	timate Ongoi	ng Monthly Expenses				
Estimate your	of a date after the bar	bankruptcy filing date unless nkruptcy is filed. If this is a sup	you are using this fo pplemental Schedule	orm as a suppleme a J, check the box a	nt in a Chapter 13 o at the top of the for	case to report m and fill in the
		-cash government assistance	if you know the val	ue of		
such assistan	ce and have included	it on Schedule I- Your Income	(Official Form 106)	·)	Your expe	enses
	or home ownership ex r the ground or lot.	penses for your residence. Inc	clude first mortgage p	payments and	4, \$	
If not inclu	ided in line 4-				¢4	,200.00
	state taxes				V	,200,00
	ty, homeowner's, or r				4b. \$	400.00
	maintenance, repair, a	•			4d, 3	
4d. Homed	wner's association or	condominium dues			4d. S	

ebtor 1	$\mathbf{G}$	ed	d	(

First Name

Sean Schubert

Gibbs Last Name

Case number

			Your expenses
5. Additional mortgage payments for your residence, such as home equity loans	•	5.	\$
6. Utilities;			
Ba. Electricity, heat, natural gas		Ва.	s\$250.00
6b. Water, sewer, garbage collection		6b.	\$ <b>0.00</b>
6c. Telephone, cell phone, internet, satellite, and cable services		ńе.	\$ <u>\$350.00</u>
6d. Other. Specify;		6d.	\$
7. Food and housekeeping supplies		7.	\$400.00
S. Childcare and children's education costs		8.	\$\$120.00
9. Clothing, laundry, and dry cleaning		g.	\$\$20.00
10. Personal care products and services		10.	\$ <b>20.00</b>
11. Medical and dental expenses		11.	\$ <b>\$20.00</b>
<ol> <li>Transportation, Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ol>		12.	\$ \$20.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books		13.	\$
14. Charitable contributions and religious donations		14.	\$ \$400.00
<ol> <li>Insurance.</li> <li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li> </ol>			
15a. Life insurance	•	15a.	\$ <b>98.00</b>
151b. Health insurance	,	15b.	\$
15e. Vehicle insurance		15c.	s \$150.00
15d. Other insurance. Specify:		15d.	\$
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:		16.	\$
17. Installment or lease payments:			
17a. Car payments for Vehicle 1		17a.	<b>\$</b>
17ь. Car payments for Vehicle 2		17b.	\$
17C. Other. Specify:		17c.	\$
17d. Other. Specify:		17d.	\$
18. Your payments of alimony, maintenance, and support that you did not report your pay on line 5, <i>Schedule 1, Your Income</i> (Official Form 1061).	t as deducted from	18.	\$
19. Other payments you make to support others who do not live with you.			
Specify:		19.	\$
20. Other real property expenses not included in lines 4 or 5 of this form or on	Schedule I- Your Income.		
20a. Mortgages on other property		20a.	\$
20b. Real estate taxes	•	20b.	\$
20C. Property, homeowner's, or renter's insurance		20c.	\$
20d. Maintenance, repair, and upkeep expenses		20d.	\$
20e. Homeowner's association or condominium dues		20e.	\$
			\$1,848.00

Official Form 106J

Schedule J. Your Expenses

Debtor 1	Geddes First Nama	Sean Schubert Middle Name	Gibbs Lest Name	Case number		
21. <b>Other.</b> S	Specify:				21. +\$	
22. Calculat	e your monthly expe	enses.				
22a. Ad	ld lines 4 through 21.				22a. \$_	\$1,848.00
22b. Co	ppy line 22 (monthly ex	penses for Debtor 2), if an	, from Official Form 106	SJ-2	22b. \$_	
22c. Ad	ld line 22a and 22b. Th	e result is your monthly ex	penses.		22c. \$_	\$1,848.00
23. Calculat	e your monthly net ir	come.				\$4,000.00
23a. Cop	y line 12 (your combii	ned monthly income) from	Schedule /.		23a.	φ <del>4</del> ,000.00
23b. Cop	by your monthly expen	ses from line 22c above.			23b \$	\$1,848.00
	etract your monthly exp ne result is your month	penses from your monthly y net income.	income.		23c. \$	\$2,152.00
24. Do you o	expect an increase or	decrease in your expens	ses within the year aft	er you file this form?		
		finish paying for your car le or decrease because of a	•			
☐ No.						
☐ Yes,	Explain here:					

Desc

					ng correct information		***************************************
Decla	ration Abo	out an In	dividu	ıal Dek	otor's Sch	edules	12/15
Official	Form 106Dec						
United States Case numbe (if known)	s Bankruptcy Court for the: _ r	Manc	District of _/	(State)			Check if this is ar amended filing
Debtor 2 (Spouse, if filling	**	Middle Name Middle	Last Name	Pennsylvania			
Debtor 1	Geddes First Name	Sean Schu Middle Name	ibert Last Name	Gibbs			

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152,1341, 1519, and 3571.

Sign Below			
	<u></u>		•••
Did you pay or agree to pay someone who is NC	)T an attorney to help	you fill out bankruptcy forms?	
⊠ No			
Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, an	id
		Signature (Official Form 1 1 9).	
	-		
Under penalty of perjury, I declare that I have re that they are true and correct.	ad the summary and	schedules filed with this declaration and	
that they are true and correct.			
as			
× Gedles Em Elwhert Gibs	X		
Signature of Debtor 1	Signature of E	Debtor 2	
Date 2/26/24	Date -2/	<del>26/24 -</del>	
talm/ 🔟 / yyyy		A) / yyyy	

**Declaration About an Individual Debtor's Schedules** 

Fill in this information to identify your	case:				
Debtor 1 Geddes	Sean Schubert	Gib	bs		
First Name  Debtor 2	Middle Name	Last Name			
(Spouse, if filling) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	Middle DI	strict of Penns			☐ Check if this is an
Case number(if known)					amended filing
			·	•	
Official Form 107					
Statement of Financia	al Affaire fo	vr Indivi	duals Filing	for Bankrupti	CV 04/19
Be as complete and accurate as possible			· · · · · · · · · · · · · · · · · · ·		
Information. If more space is needed, at number (if known). Answer every questions	tach a separate she	et to this form	. On the top of any addi	tional pages, write your	name and case
Part 11- Give Details About Your	Marital Status an	d Where Yo	u Lived Before		
What is your current marital status?	•				
Married					
Not married					
2 During the last 3 years, have you live  ☑ No ☐ YE\$ List all of the places you live			you live now.		
Debtor 1		tes Debtor 1 ed there	Debtor 2		Dates Debtor 2 lived there
			Same as Debtor 1		Debtor 1
N. J. Charles	Fro	m	Number Street	1.11.20.20.20.20.20.20.20.20.20.20.20.20.20.	From
Number Street	То		Maillogi Olisot		То
					_
City	ZIP Code		City	ZIP Code	_
			Same as Debtor 1		Same as Debtor 1
	-		1		From
Number Street	Fro	om	Number Street		To
					_
City Stat	e ZIP Code		City	State ZIP Code	
Within the last 8 years, did you eve	r live with a spouse	or legal equiv	alent in a community pro	operty state or territory	(Community property states
and territories include Arizona, Califo	rnia, Idaho, Louisian:	a, Nevada, Nev	v Mexico, Puerto Rico, 16	xas, wasnington, and wi	sconsin.)
Yes, Make sure you fill out Sched	ule H- Your Codebtor	s (Official Ford	106H).		
•					
Part Explain the sources of your i	ncome				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1	Geddes First Name	Sean Schub  Middle Name	ert Gibbs Last Name	Case nu	mber					
4 Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.										
×	No	<b>,</b>	,							
<b></b>	Yes, Fill In the details.		Debtor 1		Debtor 2					
			Sources of income Check all that apply,	Gross Income from each source (before deductions and exclusions)	Sources of income Describe below	Gross Income from each source (before deductions and				
	From January 1 of c		Wages, commissions, bonuses, lips	\$	Wages, commissions, bonuses, tips	exclusions)				
	ino data you mou io.		Operating a business		Operating a business					
	For last calendar		☐ Wages,	¢	Wages,	s				
	(January 1 to Decemb	per 31,)	Operating	· ·	Operating	<b>V</b>				
	For the calendar yea	ar before that:	Wages, commissions, bonuses,tips		Wages, commissions, bonuses, tips	٥				
	(January 1 to Decemb	oer 31,)	Operating a business	\$	- ☐ Operating a business	Ÿ <u></u>				
a L	nd other public benefit pa If you are filing a ist each source and the g	ayments; pensions; i a joint case and you	ental income: interest; d have income that you red	ividends: money collecte ceived together, list it on		nd gambling and lottery				
			Debtor 1		Debtor 2					
			Sources of Income Describe below	Gross income from each source ຂບ or,, a A	Sources of Income De-, lue <i>uduh</i>	Gross income from each source llow, aru s)				
	From January 1 of the date you filed for			\$		s				
				\$		- \$				
	For last calendar ye	ear:		\$		- \$				
	(January 1 to Decen			\$		- \$				
				\$		- \$				
	For the calendar ye	ear before that:		\$		\$				
	(January 1 to Decen	nber 31,)				- _ \$				
	` •	уууу		c		\$				

Debtor 1	Geddes	Sean Schubert	Gibbs	Case number	
D 0 0 1 0 1	Euchtlama	Middle Name	Last Name		

Part 3- List Certain Payments You Made Before You Filed for Bankruptcy

	eith	er De	btor 1's or Debto	r 2's debts	primarily co	nsumer debt:	s?				
Ø	No.	"incu	er Debtor 1 nor D rred by an individu	al primarily	for a persona	al, family, or h	ousehold pu	npóse."			(8) as
		Durin	g the 90 days bef	ore you filed	l for bankrupt	cy, ala you pa	ıy any credii	or a total of a	90,220" OF MOI	61	
			lo. Go to line 7.								
			es. List below ead total amount y child support a pject to adjustment	ou paid tha and alimony	t creditor, Do . Also, do not	not include paym	ayments for lents to an a	domestic sup attorney for th	oport obligatio iis bankruptcy	ns, such as case.	
XI	Vec	Dehi	tor 1 or Debtor 2	or both has	re primarily o	onsumer del	ots.				
	, 00		ng the 90 days bef					lor a total of	\$600 or more?	ı	
		_		,	•						
			lo. Go to line 7.								
		<b>□</b> γ	es. List below ead creditor. Do n alimony. Also	ot include p	ayments for d	iomestic supp	ort obligation	ins, such as o	child support a	ı paid that ınd	
			·			Dates payment	Total	paid	Amount	still	this payment for
							S		S		☐ Mortgage
			Creditor's Name				, <del></del>				☐ Car
											Credit card
			Number Street					•			Loan repayment
											Suppliers or vendors
											Other
			•								
			Greditor's Name				\$		\$		Mortgage
											Car
			Number Street			-					Credit card
											Loan repayment
											Suppliers or vendors
			City	State	ZIP Code						☐ Other
			City	Glate	211 0000						
			Creditor's Name				\$		\$		Mortgage
			Ordonor o mano								☐ Car
			Number Street								Credit card
											Loan repayment
											Suppliers or vendors
			09.	Otals	31D (C= 45						☐ Other
			City	Stale	ZIP Code			•			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1	Geddes First Name	Sean Schubert  Middle Name	Gibbs Last Name	***************************************	Case number	
Insid corp agei	nt, including one for a busic as child support and alim No	any general partners; rel an officer, director, persor ness you operate as a soli ony.	atives of any g n in control, or	eneral partners; par owner of 20% or mo	Inerships of which your ore of their voting sea	was an insider? ou are a general partner; curities; and any managing mestic support obligations,
<b>U</b> '	Yes, List all payments to a	n insider.	Dates of payment	Total Amount paid	Amount you still owe.	Reason for this payment
	Insider's Name			\$	\$	
	Number Street					
			to Allina			
	Insider's Name			\$	\$	
	Number Street			•		
	City	State ZIP Code				
	n 1 year before you filed fo sider?	r bankruptcy, did you mal	ke any paymen	ts or transfer any pr	operty on account o	f a debt that benefited
	ude payments on debts gu	aranteed or cosigned by	an insider.			
	No Yes. List all payments that	benefited an insider.				
			Dates of payment	Total Amount paid	Amount you still owe.	Reason for this payment
	Insiders Name			\$	\$	have been distinct to the Park of the Park
	Number Street					
	City	State ZIP Code		,		
	Insider's Name		***************************************	\$	\$	
	Number Street					

Debtor 1	Geddes First Name	Sean Schubert Middle Name	Gibbs Last Name	Case number		
Part 4-	= :	ons, Repossessions,				
List all	i year before you filed such matters, including ntract disputes.	for bankruptcy, were yo personal injury cases, sn	ou a party in any lawsuit nall claims actions, divorce	, court action, or administ es, collection suits, paternity	rative proceeding actions, support o	j? r custody modification
☐ No	s. Fill In the details.					
VAN YE	s, riji in the details.	Nature o	f the case	Court or agency		Status of the case
	GEDDES GIBB	SS VS Civil Ri	ghts	UNITED STATES BANKE	UPTCY COUFRT	- Pending
Case title $G^{\epsilon}$	ODDARD					On appeal  Concluded
						-
				Street		
С	ase tille	. 30/4/-				- Pending  On appeal
_	AM/PAY			Street		Concluded
C	ase number			, direct		
Check	n 1 year before you file all that apply and fill in to b. Go to line 1 1. ss. Fill in the information	the details below.	ny of your property repo	ossessed, foreclosed, garn	ished, attached, s	seized, or levied?
			Describe the property		Date	Value of the property
	Creditor's Name					\$
	Number Street		Explain happened			
			, , ,	ossessed.		
			Property was fore Property was garr			
	City		• •	ached seized or levied		
			Describe the property		Date	Value of the propert
						\$
	Creditor's Name					
	Number Street		Explain happened			

Official Form 107 St

City

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Property was foreclosed.Property was garnished.

☐ Property attached,

repossessed.

levied.

☐ Property

State ZIP Code

tor 1	Geddes First Name	Sean Schube	ert Gibbs Last Name	Case no	imber	
. w	ithin 90 days before you or refuse to make	filed for bankrupto	cy, did any creditor, includ se you owed a debt?	ling a bank or financial i	nstitution, setoff any amou	ints from your
Ø	No		•			
	Yes. Fill in the details.					
			Describe the action the cred	itor took	Date action taken	Amount
	Creditor's Name				\$.	
	Number Street					May -
			Last 4 digits of account nu	mbor YYYY.		
	City	State ZIP Code	Last 4 digris of account hol	(Huel. \\\\		
	l No					
	Yes					
art	5- List Certain Gifts	and Contribution	ons			,
	Gifts with total or mor per person	re than \$00	Describe the gifts	,	Dates you gave the gifts	Value
	Person to Whom You Gave the	Gift			Andrew Co. (1977)	\$
	MANUAL AND				<u> </u>	\$
	Number Street					
	City	State ZIP Code				
	Person's relationship to you		Describe gifts		you gave	Value
	Gifts with a total value of	more man 3000	Describe gires		7	
	Person to Whom You Gave the	Gift				\$
						\$
	Number Street					
	Number Street	State ZIP Code		,		

Debtor 1	Geddes First Name	Sean Schubert Middle Name	Gibbs Lasl Name	Case number		,
14. Wit	hin 2 years before you	u filed for bankruptcy, did y	ou give any gifts or co	ontributions with a total valu	e of more than \$600	to any charity?
	No Yes Fill the details for ea	ch gift or contribution,		•		
	Gifts that fotal more than \$60	Describe 0	contributed		Date contributed	Value
i	Charity's Name					\$
-						\$
:	Number Street					
Ī	City State ZIP	Code				
Part 6	List Certain Lo	sses				
	No Yes. Fill in the details. Describe the property you how the loss occurred	1	e any insurance coverag the amount that insurance on line 33 of Schedul	e for the loss has paid. List pending Insurance e A/B Property.	Date of your loss.	Value of property
Part 7	List Certain Pay	ments Transfers				
16. With	nin 1 before you sulted about seeking ude any attorneys, bank	filed bankruptcy, did you bankruptcy or preparing a	bankruptcy petition?	g behalf pay trai	nsfer property to	o you
	Yes. Fill in the details.					
	Person Who Was Paid	Descrip	tion and value of any pro	perty transferred	Date payment transfer was made	of payment
	Number Street					\$
	City	State ZIP Code				\$
	Email or website address			•		
-	Person Who Made the Payme	ent, if Not You			-	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1	Geddes	Sean Sch	ubert	Gibbs	_	Case number _		
	First Name	Midd'e Name		Lasi Name				
			Description	n and value of any	property transfe	erred	Date payment	Amount of payment
	Person Who Was Paid							\$
	Number Street							s
	City St	ale ZIP Code						
	Email or website address							
	Person Who Made the Paymer	nt, if Not You			•			
pro Do	hin 1 year before you filed mised to help you deal not include any payment No	with your credito	rs or to m	ake payments to	on your behalf p your creditors	oay or transfer a ?	ny property to any	one who
	Yes. Fill in the details.							
			Descripti	on and value of any	property transf	erred	Date payment transfer was	Amount of paymer
	Person Who Was Pald							\$
	Number Street							۵
								<u> </u>
tra Ind Do □	City Sthin 2 years before you file insferred in the ordinar slude both outright transfernot include gifts and transfernot State No	y course of your ers and transfers m	business ade as sec	financial urity (such as the	granting of a s			
			Descript transferr	on and value of pro	operty C	Describe property r debts paid excha	payments receive ange	ed Date transfer
	Person Who Received Transf	er						
	Number Street							
	City s	State ZIP Code						
	Person Who Received Trans	fer						pyd
	Number Street							
	City	State ZIP Code						
	Person's relationship to y							

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	Geddes First Name	Middle Name	Cibbs  Last Name	Case number		
	a beneficiary? (These a	u filed for bankruptcy, o are often called asset-pro	did you transfer any propert otection devices.)	ly to <b>y</b> a sell-settled trusi	or similar device of	which you
	No Yes. Fill in the details.					
		De	scription and value of the prope	erty transferred		Date transfer was made
	Name of trust				_	
art 2	List Certain Fina	incial Accounts, ins	struments, Safe Deposit	t Boxes, and Storag	je Units	
clos Incl bro	sed, sold, moved, or tr lude checking, savings kerage houses, pensio No	ansferred? s, money market, or oth	ere any financial accounts oner financial accounts; certinancial accounts; certinals, associations, and other fin	ficates of deposit; sha		
U	Yes. Fill in the details.					
		La	st 4 digits of account number	Type of account or instrument	Date account closed sold, or transferred	Last balance before closing
	Name of Financial Institution	n XX	xxx	Checking		\$
	Number Street			Savings		4
				■ Money market ■ Brokerage		
	City	State ZIP Code		Olher		
	City	State ZIP Code		☐ Checking		\$
	City S	State ZIP Code		_		\$
		State ZIP Code		Checking Savings Money market Brokerage		\$
	Number Street	State ZIP Code		Checking Savings Money market		\$
	Number Street  City  you now have, or did surities, cash, or other	Siale ZIP Code you have within 1 year	before you filed for bankrup	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other	oox or other deposito	S
sec	Number Street  City  you now have, or did surities, cash, or other	Siale ZIP Code you have within 1 year	before you filed for bankrup	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other	oox or other deposito	
sec	Number Street  City  you now have, or did surities, cash, or other	State ZIP Code  you have within 1 year valuables?	before you filed for bankrup	☐ Checking ☐ Savings ☐ Money market ☐ Brokerage ☐ Other		S ory for Do you sti have
sec	Number Street  City  you now have, or did curities, cash, or other No Yes, Fill in the details.	Stale ZIP Code  you have within 1 year valuables?		Checking Savings Money market Brokerage Other otcy, any safe deposit		Do you stl have ☐ No
sec	Number Street  City  you now have, or did surities, cash, or other	Stale ZIP Code  you have within 1 year valuables?	no else had access to it?	Checking Savings Money market Brokerage Other otcy, any safe deposit		Do you sti have ☐ No
sec	Number Street  City  you now have, or did curities, cash, or other No Yes, Fill in the details.	State ZIP Code  you have within 1 year valuables?  Wi	no else had access to it?	Checking Savings Money market Brokerage Other otcy, any safe deposit		Do you stl have ☐ No

Statement of Financial Affairs for Individuals Filing for Bankruptcy

btor 1	Geddes First Name	Sean Schubert Micdle Name	Gibbs Last Name	_	Case number	
. Have y ⊠ No	ou stored property in a	a storage unit or place othe	er than your home	within 1 year t	pefore you filed for bankrupt	cy?
	. Fill in the details.	Who else h	nas or had to	it'?	Describe the conter	nts Do you still have it?
N:	ame of Storage Facility	Name				□ No □ Yes
N	umber Street	Number St	reet			
_		CityState Zl	P Code	•	AM 400	NV.
		y You Hald or Control			. 100000	
or hole	d in trust for someone		e owns? Include a	ny property yo	u borrowed from, are storing  Describe the property	g for, Value
Ö	owner's Name					\$
4	lumber Street	Number Stre	eet			
	Sity Sta	le ZIP Code City	State	ZIP Code		
art 10:	Give Details Ab	out Environmental Info	ormation			
Environ hazar include Site in it or un Hazar substantial transfer and the substantial transfer and transfer in the substantial transfer in the	onmental law means a dous or toxic substance ting statutes or regular neans any location, factised to own, operate, or dous material means ance, hazardous material notices, releases, ar	ces, wastes, or material in- tions controlling the clean cility, or property as define or utilize it, including dispo- anything an environmental trial, pollutant, contaminan ad proceedings that you kr	statute or regulation to the air, land, so up of these substants and under any environal sites.  I law defines as a latt, or similar term.	il, surface wat ances, wastes, onmental law, hazardous wa less of when th	whether you now own, oper	edium, ate, or utilize oxic
O N	o es. Fill in the details.					
		Governme	ental	Environn	nental Law if you know it.	Date of nolice
N	ame of site	Government	al unit	, bushi		
N	umber Street	Number St	réel			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

or 1	Geddes First Name	Sean Schubert Middle Name	Gibbs Last Name	Case num	)er	
Hav	ve you notified any governme	ental unit of any rele	ase of hazardous r	material?		
1 <b>E</b>	√0					
<b>]</b> \	es. Fill in the details.	Governn	nental	Environmental	if you know it	Dale
	Name of site	Governme	ntat unit			
	Number Street	Number S	Street			
		City	State zip Co	ode		
	City State	ZIP Code	va proceeding	any anykanmantal	Include settlements and	
_	you party any judi No	war auministrati	e proceeding	any environmental	mordoo sottlomeine and	
`	Yes. Fill in the details.	Court	or agency	Nature of the	ie case	Status of the
4	Case title	Court N	ame			☐ Pendin
•		Numbe	r Street			Conclu
7	Case number	Cily	State	ZIP Code		
	Give Details About	. V D	C	a Anu Businees		
	A sole proprietor or self- A member of a limited lia A partner in a partnershi An officer, director, or m	-employed in a trade ability company (LLC ip	, profession, or oth b) or limited flability	her activity, either full-ti	owing connections to any bus me or part-lime	
)	An owner of at least 5%  No. None of the above applic  Yes. Check all that apply ab	of the voting or equies. Go to Part 12.	ity securities of a c	ch business	Employer Identification numb Do not include Social Security	
)	No. None of the above applic	of the voting or equies. Go to Part 12.	ity securities of a c	ch business		number or ITIA
)	No. None of the above applic Yes. Check all that apply ab	of the voting or equies. Go to Part 12. bove and fill in the de	ity securities of a c	ch business business	Do not include Social Security	number or ITIN
)	No. None of the above applic Yes. Check all that apply ab  Business Name	of the voting or equies. Go to Part 12. bove and fill in the de	ity securities of a contained and the leading of th	ch business business	Do not include Social Security	number or ITIN
)	No. None of the above application of the above application. Yes, Check all that apply ab Business Name  Number Street	of the voting or equies. Go to Part 12. bove and fill in the de Descri	ity securities of a contained and the leading of th	ch business business okkeeper	Do not include Social Security  EIN: = existed	r number or ITIN
)	No. None of the above application of the above application. None of the above application of the above application of the above application.  Business Name  Business Name	of the voting or equies. Go to Part 12. bove and fill in the de Descri	ity securities of a control of the left of accountant or book	ch business business okkeeper	Do not include Social Security  EIN:	r number or ITIN
3	No. None of the above application of the above application. Yes, Check all that apply ab Business Name  Number Street	of the voting or equies. Go to Part 12. bove and fill in the de Descri	Ity securities of a celails below for each be the nature of the last of accountant or book libe the nature of the last of the	ch business business okkeeper	Do not include Social Security  EIN:	r number or ITIN
]	No. None of the above application of the above application. None of the above application of the above application of the above application.  Business Name  Business Name	of the voting or equies. Go to Part 12.  pove and fill in the de  Descri	Ity securities of a celails below for each be the nature of the last of accountant or book libe the nature of the last of the	ch business business okkeeper business	Do not include Social Security  EIN:  existed  To  Employer Identification numbe Include Social Security	r number or ITIN

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official

107

	Geddes First Name	Sean Sch Middle Name		Gibbs Name	Case number	***************************************
						Employer Identification
			Describe the na	ature of the business	_	Do not include Social Security number or ITIN
	Business Name					EIN:
	Number Street		Name of accou	intant or bookkeeper		existed
	City	State zip Code				То
	·				r	
insti	litutions, creditors, or	ı filed for bankrupi other parties.	tcy, did you give	e a financial statemen	t to anyone abo	ut your business? Include all financial
<b>U</b> \	Yes. Fill in the details	below.				
			Date issued			
	Name		MM I DD I YYYY	_		
	Number Street	***************************************				
	City	Stale ZIP Code				
	City	State ZIP Code				
	City	State ZIP Code				
rt 1		Stałe zı⊳ Code				
l ha	Sign Below  ave read the answers swers are true and co connection with a bar U.S.C. §§ 152, 1341, 1	on this Statement rrect. I understand kruptcy case can	I that making a result in fines u	false statement, cond	ealing property risonment for u	are under penalty of perjury that the , or obtaining money or property by fraud p to 20 years, or both.
l ha	Sign Below  ave read the answers swers are true and co connection with a bar U.S.C. §§ 152, 1341, 1	on this Statement rrect. I understand ikruptcy case can 519, and 3571.	I that making a result in fines u	false statement, cone up to \$250,000, or imp  * Signature of Debtor 2	ealing property risonment for u	, or obtaining money or property by fraud
l ha ans in ( 18	Sign Below  ave read the answers swers are true and co connection with a bar U.S.C. §§ 152, 1341, 1	on this Statement rrect. I understand ikruptcy case can 519, and 3571.	that making a result in fines u	false statement, cone up to \$250,000, or imp  *  Signature of Debtor 2	ealing property risonment for u	, or obtaining money or property by fraud
i ha ans in ( 18	ave read the answers swers are true and co connection with a bar U.S.C. §§ 152, 1341, 1   CRAPE STATE STATE  Signature of Debtor 1  Date 2/26/24  d you attach additional	on this Statement rrect. I understand ikruptcy case can 519, and 3571.	that making a result in fines u	false statement, cone up to \$250,000, or imp  *  Signature of Debtor 2	ealing property risonment for u	r, or obtaining money or property by fraud up to 20 years, or both.
ansin 18	ave read the answers swers are true and co connection with a bar U.S.C. §§ 152, 1341, 1   CRAPE STATE STATE  Signature of Debtor 1  Date 2/26/24  d you attach additional	on this Statement rrect. I understand ikruptcy case can 519, and 3571.	that making a result in fines u	false statement, cone up to \$250,000, or imp  Signature of Debtor 2  Date  cial Affairs for Individ	ealing property risonment for u	y, or obtaining money or property by fraud up to 20 years, or both.  Bankruptcy (Off icial Form 107)?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this	s information to identify y	our case:			,			lines 17 an 21:
Debtor 1	Geddes First Name	Sean Schub	ert Gil	obs			atement:	anono roganica sy
Debtor 2			Last Name			1.	Disposable incounder 1 1 U.S.C.	me is not determine § 1325(b)(3).
	ing) First Name	Middle Mame	District of _Penn	sylvania		2.	Disposable inco	me is determined
	es Bankruptcy Court for the: _		(Sta	ate)			under 1 1 U.S.C.	
Case numb (if known)	oer					=====	The commitment	t period is 3 years. period is 5 year
							THE COMMINGNESS	portion to o your
						C	heck if this is a	n amended filing
	Form 122C-1					_		
Chapt	ter 13 Statem	nent of Yo	ur Curre	nt Mo	nthly	Incom	e	
ınd C	alculation of	Commitm	nent Peri	od				12/15
	edditional pages, write yo Calculate Your Avera							
	our marital and filing statu				•			
∐ Not m	narried. Fill out Column A, I	ines 2-1 1.						
C-7								
Fill in the	ed. Fill out both Columns A e average monthly incom	and B, lines 2-1 1.	from all sources	, derived du	iring the 6 f	full months b	pefore you file th	nis rough
Fill in the bankrupt August 31		and B, lines 2-1 1.  e that you received 01 I For example, if y  thity income varied do  a amount more than	you are filing on S uring the 6 month once. For example	eptember 16 s, add the ir e, if both spo	5, the 6-mon ncome for all ouses own the the space.	ith period wo I 6 months and	uld be March I th I divide the to tal b al property, put th Column B	rougn y 6. Fill in
Fill in the bankrupt August 31 the result	e average monthly incom toy case. 1 1 U.S.C. § 1 0 I. If the amouird of your mor i. Do not include any incom	and B, lines 2-1 1.  e that you received 01 I For example, if y  thity income varied do  a amount more than	you are filing on S uring the 6 month once. For example	eptember 16 s, add the ir e, if both spo	5, the 6-mon ncome for all ouses own the the space.	nth period wo I 6 months and ne same renta umn A	uld be March I th I divide the to tal b al property, put ti	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that	e average monthly incom toy case. 1 1 U.S.C. § 1 0 I. If the amouird of your mor i. Do not include any incom	and B, lines 2-1 1.  e that you received 01 I For example, if thity income varied di the amount more than y. If you have nothing	you are filing on S uring the 6 month once. For exampl to report for any line	eptember 16 is, add the ir e, if both spo i, write \$0 in t	5, the 6-mon ncome for all ouses own the the space.  Col.	nth period wo I 6 months and ne same renta umn A	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that	e average monthly incomity case. 1 1 U.S.C. § 1 0  I. If the amouird of your more. Do not include any incomproperty in one column only	and B, lines 2-1 1.  e that you received 01 I For example, if y thily income varied di the amount more than by. If you have nothing incomes, overtime, an	you are filing on S uring the 6 month once. For example to report for any line	eptember 18 s, add the ir e, if both spo s, write \$0 in the	5, the 6-mon ncome for all ouses own the the space.  Col.	nth period wo I 6 months and ne same renta umn A	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a Ali amoun you or you	e average monthly incoming cy case. 1 1 U.S.C. § 1 of a life the amouird of your more. Do not include any incomproperty in one column only ass wages, salary, tips, be eductions).  Indicate the formany source which the partner, members of yes. Do not include payment and maintenance payment our dependents, including the partner, members of yes. Do not include payment.	and B, lines 2-1 1.  e that you received 01 I For example, if thity income varied do the amount more than y. If you have nothing the thick and the control of the control the control of the control o	you are filing on S uring the 6 month once. For example to report for any line and commissions (  lyments from a sp for househ lid de regular contrib dependents, pare	eptember 18 s, add the ir e, if both spo t, write \$0 in the before all couse. expenses of outions from nts, and	5, the 6-monnoome for all buses own the space.  Col. Debt	nth period wo I 6 months and ne same renta umn A	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a All amoun you or you an unmair roommalisted on Net incorr	e average monthly incoming cy case. 1 1 U.S.C. § 1 of a life the amouird of your more. Do not include any incomproperty in one column only ass wages, salary, tips, be eductions).  Indicate the formany source which the partner, members of yes. Do not include payment and maintenance payment our dependents, including the partner, members of yes. Do not include payment.	e that you received of I For example, if the interpretation of the amount more than by. If you have nothing the amount more than by. If you have nothing the amount more than by. If you have nothing the interpretation of	you are filing on S uring the 6 month once. For example to report for any line and commissions ( eyments from a sp for househ Id de de regular contrib dependents, pare not include paym	eptember 18 s, add the ir e, if both spo t, write \$0 in the before all couse. expenses of outions from nts, and	5, the 6-monnoome for all buses own the space.  Col. Debt	nth period wo I 6 months and ne same renta umn A	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a All amoun you or you an unman roommate listed on Net incorfarm	e average monthly income toy case. 1 1 U.S.C. § 1 of the amouird of your more. Do not include any income property in one column only ess wages, salary, tips, but the deductions).  In a maintenance payment out from any source which our dependents, including the ried partner, members of yes. Do not include payment line 3.	e that you received on I For example, if you have nothing the amount more than you have nothing to houses, overtime, and are regularly paid your household, your its from a spouse. Do not include, your household, your household, your houses, profession, or hess, profession, or	you are filing on S uring the 6 month once. For example to report for any line and commissions ( ryments from a sp for househ lid of de regular contrib dependents, pare not include paym	eptember 18 s, add the ir e, if both spo t, write \$0 in the before all couse. expenses of outions from nits, and ents you	5, the 6-monnoome for all buses own the space.  Col. Debt	nth period wo I 6 months and ne same renta umn A	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a All amoun you or you an unmar roommate listed on Net incorfarm	e average monthly incoming case. 1 1 U.S.C. § 1 of the amouird of your more. Do not include any incomproperty in one column only ass wages, salary, tips, bound maintenance payment of the from any source which the from the	e that you received 01 I For example, if on the amount more than by If you have nothing the amount more than by If you have nothing the amount more than by If you have nothing the amount more than by If you have nothing the amount include part are regularly paid to child support. Including the amount of the a	you are filing on S uring the 6 month once. For example to report for any line and commissions ( eyments from a sp for househ Id de de regular contrib dependents, pare not include paym	eptember 18 s, add the ir e, if both spo t, write \$0 in the before all couse. expenses of outions from nits, and ents you	5, the 6-monnoome for all buses own the space.  Col. Debt	nth period wo I 6 months and ne same renta umn A	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a All amoun you or you or you or you or you or you on war roommate listed on Net incorfarm Gross recordinary	e average monthly incoming cy case. 1 1 U.S.C. § 1 of the amouird of your more. Do not include any incomproperty in one column only ass wages, salary, tips, bound maintenance payment out dependents, including tried partner, members of yes. Do not include payment line 3.  The from operating a busing ceipts (before all deductions).	e that you received 01 I For example, if inthly income varied die amount more than y. If you have nothing to muses, overtime, and is. Do not include particular household, your tousehold, your its from a spouse. Do mess, profession, or ms)	you are filing on Suring the 6 month once. For example to report for any line and commissions (syments from a spring for househ lid de regular contribute dependents, pare not include paym    Debtor t   \$2500   \$ \$ \$ \$	before all before all before all before all betons from nts, and ents you  Debtor 2	5, the 6-monnoome for all buses own the space.  Col. Debt	nth period wo I 6 months and ne same renta  umn A  or 1	uld be March I m I divide the to tal b al property, put th Column B Debtor 2 or	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a All amoun you or you an unmar roommale listed on Net incorfarm Gross recordinary Net month	e average monthly income toy case. 1 1 U.S.C. § 1 of the amouird of your more. Do not include any incomproperty in one column only ass wages, salary, tips, be eductions).  Ind maintenance payment to the from any source which pur dependents, including tried partner, members Diffuses. Do not include payment line 3.  The from operating a busing the form operating a busing the form operating a deduction and necessary operating the street of the form operating a deduction and necessary operating the street of the form operating a deduction and necessary operating a street of the form operating a deduction and necessary operation and necess	e that you received 01 I For example, if you have nothing in this income varied do not include particular houses, overtime, and are regularly paid a child support. Incluyour household, your its from a spouse. Do not include particular household, your its from a spouse. Do ness, profession, or farm is seven ses	you are filing on Suring the 6 month once. For example to report for any line and commissions (  syments from a spread of the regular contributed and include paym  Debtor I \$2500 \$\$	before all before all before all before all betons from nts, and ents you  Debtor 2	5, the 6-monner for all buses own the space.  Collection Section 1. Section 1	nth period wo I 6 months and ne same renta  umn A  or 1	uld be March I m divide the total b al property, put th  Column B Debtor 2 or non-filing spo	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that Your gros payroll de Alimony a Ali amoun you or you an unmar roommalisted on Net incorfarm Gross recordinary Net mont.	e average monthly income toy case. 1 1 U.S.C. § 1 of the amouird of your more. Do not include any income property in one column only ass wages, salary, tips, but the additional column and maintenance payment of the period partner, members of years. Do not include payment line 3.  The from operating a businesseries (before all deductions and necessary operating the third income from a businesseries).	e that you received 01 I For example, if inthly income varied die amount more than y. If you have nothing to muses, overtime, and is. Do not include pain are regularly paid y child support. Including the form a spouse. Do mess, profession, or farm in real property	you are filing on Suring the 6 month once. For example to report for any line and commissions (syments from a spring for househ lid de regular contribute dependents, pare not include paym  Debtor 1 \$2500 \$  - \$	before all before all before all before symmetric before all betores betore symmetric betores betore symmetric betores	5, the 6-monner for all buses own the space.  Collection Section 1. Section 1	nth period wo I 6 months and ne same renta  umn A  or 1	uld be March I m divide the total b al property, put th  Column B Debtor 2 or non-filing spo	rougn y 6. Fill In ne income
Fill in the bankrupt August 31 the result from that  Your gros payroll de Alimony a All amoun you or you an unmair roommale listed on Net incorfarm Gross recordinary  Net month. Net incorform.	e average monthly incoming case. 1 1 U.S.C. § 1 of the amouird of your more. Do not include any incomproperty in one column only ass wages, salary, tips, bound maintenance payment our dependents, including tried partner, members of year. Do not include payment line 3.  The from operating a busing the payment of the column operating a busing the column operating a busing the column operating a busines the payment of the column operating a busines and necessary operating a third income from a busines one from rental and other the column of the column operation operation of the column operation operation operation operation operation of the column operation	e that you received of I For example, if you have nothing in the amount more than by. If you have nothing in the amount more than by. If you have nothing in the amount more than by. If you have nothing in the amount more than are regularly paid in child support. Incluying the from a spouse. Do mess, profession, or has been seen as profession, or farm a real property has	you are filing on Suring the 6 month once. For example to report for any line and commissions (syments from a spring for househ lid de regular contribute dependents, pare not include paym  Debtor 1 \$2500 \$  - \$	before all before all before all before symmetric before all betores betore symmetric betores betore symmetric betores	5, the 6-monner for all buses own the space.  Collection Section 1. Section 1	nth period wo I 6 months and ne same renta  umn A  or 1	uld be March I m divide the total b al property, put th  Column B Debtor 2 or non-filing spo	rougn y 6. Fill In ne income

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 5:24-bk-00457-MJC Doc 1 Filed 02/27/24 Entered 02/27/24 14:42:37 Desc

Main Document Page 62 of 72

page I

btor 1	Geddes First Name	Sean Schubert  Middle Name	GIDDS Last Name	Case number .		
				Column A Deblor I	Column B Debtor 2 or non-filing spouse	
7. Inte	rest, dividends, and	oyaities		\$	_ \$	
8. Une	employment compens	ation		\$	\$	
	not enter the amount it Social Security Act. In	you contend that the amoun stead, list it here:	t received was a benefit un	der		
' F	or you		\$			
; , F	or your spouse		\$			
9. Pen ber	sion or retirement inco efit under the Social S	ome. Do not include any am ecurity Act.	ount received that was a	<b>\$</b>	\$	
Do rec dor	in It Include any benefi elved as a victim of a v	urces not listed above. Spec is received under the Social S var crime, a crime against hui essary, list ⊔ther a⊟urces on a	Security Act or p⊡yments manity, or international or			
1				\$	\$	
, –				\$	\$	
 	otal amounts from sep	arate pages, if any.		<b>-</b> \$	+ \$	
•				-		
		ge monthly income. Add line for Column A to the total for t		- \$	_ + \$	\$ 0 Total average monthly income
		monthly income from line	11.		±	<u>\$2500</u>
13. Ca	culate the marital adj					
	You are not married, f					
	You are married and y	our spouse is filing with you.  your spouse is not filing with y ne income listed in line 1 1, Co nts, such as payment of the s nts.	vou. olumn B, that was NOT regu	larly paid for the house pouse s support of son	shold expenses of neone other than	
<i>:</i>		sis for excluding this income a ents on a separate page.	and the amount of income d	evoted to each purpos	e. If necessary,	
	If this adjustment doe	s not apply, enter 0 below.				
,						
				s		
1				+ \$		
	Total				Copy here +	
, 14. Yo	our current monthly in	come. Subtract the total in li	ne 13 from line 12.			2500
, 15. Cal	culate your current m	onthly income for the year	. Follow these steps:			
, 15	a. Copyline 14 here -	<b>&gt;</b>				§ <u>2500</u>
		12 (the number of m⊡nths in a				x 12
; 15	b. The result is vour cu	rrent monthly income for the y	ear for this part of the form		30000	s 30000
	•	•	•	<b>A</b>		

Official Form 122C-1

Debtor 1		eddes	Sean Schubert	Gibbs Lest Name	Case number	
	Firs	l Name	M:og:e Name	Cast Hallie		
16. Calc	culate the me	edian family inco	me that applies to you.	Fo llow these steps:		
		ate in which you l			_	į
I		mber of people in y		3		
100.	1 111 111 1110 110	innet of heapte in A	our riouseriole,	<del></del>		
16c						<sub>Si</sub> 2800
	To find a lis	t of applicable me for this form. Thi	dian income amounts, g s list may also be availa	go online using the link ble at the bankruptcy c	specified in the separate lerk's office.	
17. Hov	v do the line	s compare?				
17a.					orm, check box 1, Disposable income is not or Disposable Inco me (Official Form122C-2)-	determined under
17b.					oox 2. Disposabile income is determined und	
ľ		•,		·	isposable Income (Official Form 122C-2).	
	On line	39 of that form, co	py your current mont	my from time 14 abo	ve.	
Part 3-	Calc	ulate Your Coi	nmitment Period Ur	nder 11 U.S.C. § 13	25(b)(4)	
I 18. Cop	y your total	average monthly	/ income from line 11.			\$2500
, 19. Dec	luct the mar	ital adj⊡stment it	it applies. If y <u>⊓</u> u are m	arried, your sp⊡use is	not Ming with y⊐u and you c⊐ntend that	
the:	amount from	line 13			educt part of your spouse's income, copy	
19a	. If the marita	al adjustment doe	s not apply, fill in 0 on lir	ne 19a		<b>-</b> \$
406	Cubtrant II	ne 19a from line	40			°° 52500
1 180	, Subtract ii	ne isa nom me	10.			•*
20. Calcu	alate your cu	irrent monthly in	come for the year. Foll	ow these steps:		
20a	. Copy line 1	9b				<sub>\$</sub> 2500
J	Multiply by	12 (the number of	months in a year).			x 12
201			thly income for the year	for this part of the form		30000
200.	. Tue teaut is	s your carrent mor	thy accome to the year	tor this part of the form		s
200	. Copy the m	edian family inco	me for your state and siz	e of household from lin	ne 16c	\$ 30000
~ 21. Ho	w do the line	es compare?				
		*	Unless otherwise order	ed by the court, on the	e top of page I of this form, check ы⊐х 3,	
	The commitm	ment penod is 3 y	ears. Go to Part 4.			
			l to line 20c. Unless oth pert⊑d is 5 years. Go to		court, on the top of page I of this form,	
· ,	ONGON DEDC 1,	() (Continue)	portula io o yourdi oo ta			
Part 4:	Sign F	Below				
1	Bv sian	ing here, under p	enalty of perjury I declar	re that the information i	n this statement and in any attachments is tr	ue and correct.
ļ		- :	work cibbs		X	
		<u>といいいしんのいと</u> nature of Debtor I	W1220 67 11105	··	Signature of Debtor 2	
•	Sign				•	
	DATE:	2/26/2024	***************************************		Date 3/23/2023	
		MM/DD /YYYY	,		MM / DD I YYYY	
ş	lf vou c	thecked 17a do l	NOT fill out or file Form	122C-2.		
ì					ne 39 of that form, copy your current m⊑nthl	y i noome from line 14 ⊟bove.
Access.	d Earn 1990	1 01	1 42 Cintomont 53/-	Crimonné Blanchhir Is	scome and Calculation of Commitment Pe	rind name 3

Fill in this informa	tion to identify vo	our case:			
	Geddes	Sean Schu	ıbert Gibbs		
Debtor 1First Na		Middle Name	East Name		
Debtor 2 Spouse, if filing) First Nar	me	Middle Name	Last Name		
-		Middle	District of Pennsylv	vania	
United States Bankrup	otcy Court for the:	Minute	(State)	· AIII	
Case number (if known)					٦
<del></del>					Lend the characteristic Check if this is an amended filing
	40000			<b>A</b>	
fficial Form	122C-2			,	
hapter 13	3 Calcula	tion of Y	our Dispos	sable Income	04119
•					
fill out this form, y mmitment Period			/ of Chapter 13 Staten	nent of Your Current Mont	thly Income and Calculation of
	•		ed people are filing too	uether, both are equally re	sponsible for being accurate. If
					tional information applies. On the
of any addition⊡l	pages, write you	r name and case	number (if known).		
nti, Calcula	ite Your Deduct	ions from You	r Income		
		**************************************		1	
The Internal Days	unito Comina /IDP	Vincuna Nationa	ond Local Ctandards	for cortain avanga amou	into I lee these amounts
to answerthe que	stions In lines 6-	15. To find the IR	RS standards, go onlin	for certain expense amou ie using the link specified.	
Instructions for th	nis form. This info	rmation may als	o be available at the b	pankruptcy clerk's office.	•
Deduct the expens	e amounts set_ Lit	in lines 6-15 rega	rdless of your actual exp	pense. In other parts of the form	m, you will use
some of your actua	l expenses if they	are higher than th	e standards. Do not incl	lude any operating expense	s that you
			1, and do not deduct any	y amounts that you subtract	led from your
spouse's income ir	line 13 of Form 1	22C-1.			
lf your expenses di	iffer from month to	month, enter the	average expense.		
Note: Line numbers	s 1-4 are not used	in this form. These	e numbers apply to infor	mation required by a similar	form used in chapter 7 cases-
				•	
5. The number of	of nottole used in	, determining you	⊒r deductions from inc	coma	
			as exemptions on your		
			ents whom you support.		
be different fr	om the number of	people in your hou	ıseh <b>⊟</b> ld.		90 <sup>(11</sup> ec
National	Vou munt	n the IBS Metter of	Clandarda to annuar th	to questions in lines 6.7	
Standards	rou must use	ว เมษามาง เพลแบกสา	Oraninaina in allemet (i)	ne questions in lines 6-7.	
B. Food. clothing	a. and other items	i: Using the numbi	er of people you entered	in line 5 and the IRS Nation	nai
mer tooks and in the little	g, and outly) 1601110	The course rate training	zi ol poopio you omolog	and more und the investable	§ 400

7. Out-of-pocket healthcare allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categodes-people who are under 65 and peppie who are 65 or older-because older people have a higher IRS promain for health care costs. If your actual experses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

Debtor 1	Geades Flist Name	Sean Schudert Mode Name	C1DDS Last Name	<del></del>	Case nu	mber	
	7 (16) (30)			•			ware.
	People who are under 6	66 years of age					
	7a. Out-of-pocket health	care allowance per persor	n \$ <u>75</u>				
	7b. Number of people wh		x <u>4</u>				
	7c. Subtotal. Multiply line	7a by line 7b.	300	copy here->	\$\frac{300}{}		
	People who are 65 year	ars of age or older					
	7d. Out-of-pocket health	care allowance per pers⊡∈	n \$				
	7e. Number of people wh	no are 65 or older	x				
	7f. Subtotal, Multiply line	7d by line 7e.	\$	Copy - them-*	+ \$		
7g.	Total. Add lines 7c and 7	f	<b></b>		\$ 300	Copy here+	<u>\$300</u>
1 1							
Local Stand	YOU DUST USE IN	e IRS Local Standards to a	answer the questions	s in lines 8-1	5.		
	on information fir⊒m the iptcy purposes Into two	IRS, the U.S. Trustee P	rogram has divided	the IRS Lo	cal Standard	for housing for	
• Hou		ance and operati⊔gexpe	enses	•			
To ans	wer the questions in line ed in the separate instru	es 8-9, use the U.S. Trust actions for this form. This	tee Pi <b>□</b> gram chart. s chart may also be	To find the available a	chart, go onli	ne using the link	
•							
8. Hou in ti	ising and Litilities - insura he dollar amount listed for	ance and operating exper your county <b>t</b> ⊒r insurance	and operating expen	ises.	ole à⊓n elitere	) III III (6 5, III)	<u>\$400</u>
9. <b>Ho</b> u	ısing <b>□nd utilities - Mo</b> rt	gage or rent expenses:					
	ga. Using the number of	people you entered in line  In mortgage or rent expe	5. fill in the dollar an	rount	<u>\$1600</u>		
	•	ly payment for all mortgage		ecured by			
		average monthly paymen each secured credilor in th divide by 60.					
	Name of the credi	itor	Average monthly payment				
	N/A (I DO NOT	f HAVE A MORTGAGE	) <sub>\$</sub> 0				
			\$				
			- + S				
	9b. Total a	average monthly payment	\$ <u>0</u>	Copy here+	- \$	Repeat this amount on line 33a.	
	9c. Net mortgage or rent	expense,					
		l average monthly payme number is less than \$0, en		tgage or	§ 0	~ Copy here+	\$ <u>0</u>
to. If y the	calc⊟lation of your mor	istee Program's division hthly expenses, fill in any	n of the IRS Local S additional amount	itandard for you claim.	housing is in	correct and affects	\$
	Explain why:						
	atro 144 Mary 111 11 11 11 11 11 11 11 11 11 11 11 1				<del> </del>	(6444)	
Official Fo	rm 122C-2	Chapter 13 C	alculation of Your [	Disposable	Income		pagi

or 1	Geddes First Name	Sean Schubert	Gibbs Last Name		Case n	umber	ANIZAN
						4	
Local	7	nses: Check the number	of vehicles for which	you claim ar	n ownership or	operating expense.	
×	0. Goto line 14.						
<u></u>	1 - Go to line 12. 2 or more. Go to li	no 12					
<u></u>	2 01 111016. 30 to 11	110 12.					
2. Vehicle expen	operation expense: ses, fill in the Operation	Using the IRS Local St ng Costs that apply for you	and⊡role and the nur ur Census region or π	mber of vehi netropolitan	cles tar which y statistical area	you claim the operating	§200
each v	rehicle below. You ma	se expense: Using the IR ay n⊒t claim the expense a the expense for more th	if you do not make at	alculate the ny loan or le	net ownership ase payments	or lease expense for on the vehicle. In	
Vehi	cle I Describe	Vehicle 1,					
		***					
13a, (	Ownership or leasing	costs using IRS Local St	andard		\$	AAMIOORINA,———	
	Average monthly payı Do n⊟t include costs f	ment for all debts secured or [eased vehicles.	f by Vehicle 1.				
<b>4</b>	add all amounts that a	age monthly payment her are contractually due □ e nths after you file for bank	ach secured				
	Name of each credito	or 🗗 Vehicle I	Average monthly payment				
			\$				
			+ \$	Сору		Danasi dhin anasuni	
	Total ave	rage monthly p□yment	\$	here4	- \$	Repeat this amount on line 33b.	
	Net Vehicle 1 owners Subtract line 13b from	hip or lease expense n line 13a. If this number	is less than \$0, enter	\$0	\$	Copy net Vehicle 1 expense here+	\$
Veh	icle 2 Describe	e Vehicle 2					1
					MAN AND COMPANY		
13d.	Ownership or leasing	costs using IRS L⊡cal St	andard		\$	_	
	Average monthly payı □a not include costs	ment for all debts secured ⊟r leased vehicles.	d by Vehicle 2.				
	Name or each credito	or for Vehicle 2	Average monthly payment		1		
			s				
			+ \$	Сору		Repeat this amount	•
	T <b>□</b> is] av	erage monthly payment	\$	hem+	- \$	on line 33c.	
		hìp or Is⊡as expense			s	Copy net Vehicle 2 expense here	\$
	Subtract line 13e from	n 1 3d. If this number is le	ess than 50, enter \$0			+	

15. Additional public transportation expense: If you claimed I or more vehicles in line I 1 and if you claim that you may @Isp deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

n	•	ы	or	4

Geddes First Name Sean Schubert

Gibbs Last Name

Case number \_\_\_\_\_

				•			
Other Nece Expenses		addition to the expenowing IRS categories		bove, you are allowe	ed your monthly expens	es t⊡r the	
self-emplo from y⊡ur refund by	oyment taxes, so pay for these ta 12 and subtract	cial security taxes, a xes. However, if you	and Medicare taxes. Yp expect to receive a ta e t⊒tal in⊟nthly amoun	□u may include the r ix refund, you must d	such as income taxes, monthly amount withheld livide the expected pay for taxes.	i	\$
union due	s, and uniform c	osts.	ĺ		ch as retirement contrib	•	
Do not inc	lude am⊡unts th	at are not required b	y your job, such as vol	luntary 401 (k) Contr	ibutions or payr⊟11 savin	gs.	\$
together, l Do not inc	nclude payment	s that you make for y for life insurance on y	our spouse's term life/	insurance.	e. If two married people a		\$ <u>400</u>
agency, s	uch as spousal c	or child supp⊟r: paym	nents.		ler of a court or adminis t these obligations in lin		\$
<ul> <li>as a cor</li> </ul>	idition for your j	⊒b, or	pay for education that ependent child if no pu	•	ailable for similar service	9S.	\$
21. Childcare Do nut inc	The total month lude payments f	nly amount that you p or any elementary or	pay for childcare. such r secondary schoof ed	n as babysitting, dayo ucation.	eare, nursery, and pres	chool.	\$
required for savings ac	or the health and count. Include o	I welfare of you or you only the amount that is	our dependents and the some than the tote I come	at is not reimbursed entered in I ine 7.	at you pay for health ca by insurance or paid by		\$
Payments	for health insura	ance ⊡r health s⊡ving	gs accounts should be	listed only in line 25	) <b>.</b>		<b>V</b>
for you an phone ser income, if Do not inc	d your depender vice, to the exte it is not reimburs stude payments f	nts, such as pagers, nt necessary for you sed by your employe or basic home telepl	call waiting, caller ide r health and welfare o r.	ntification, special lo r that of your depend hone service. Do no	for telec⊡mmunication s ng distance, or busines: dents or for the product t include self-emp□yme sly deducted.	s cell In of +	\$
	f the expenses 6 through 23.	allowed under the I	RS expense allowa⊡	ces.			\$
Additional Deductions	•		al deductions a[□wed e any expense allowa	•	-24.		
25. <b>Health in</b> insurance your depe	, disability insura	lity insurance, and nce, and health savi	health savings accordings accordings accounts that are	<b>□nt expenses.</b> The reas□rattly necessa	monthly expenses for he ary for yourself, your spe	aalth Suse, or	
Health ins	urance		§ 125.00	_			
Disability	insurance		\$	_			
Health sa	vings account	4	+ \$300	_ ^			
Total				_ Copy total here+			§ 425.00
Do you ad	tually spend this	total amount?					
⊠No Ho ∐Yes	ow much do you	actually spend?	§ 200.00				
continue t your hous	o p⊡yforthe reas eh⊡ld or membe	conable and necessi r of your immediate	arycare and support o	of an elderly, chroni o pay for such expe	nonthly expenses that your callyill, ordisabled mernuses. These expenses r	nberof	\$
you and y	our family under	the Family Violence	onably necessary mon Prevention and Service expenses confidentia	ces Act or other fede	y⊡u incur t⊡ maintain th eral laws that apply.	e safety of	S
,,			,				

Official Form 122C-2

Chapter 13 C⊡lculation of Your Disposable Income

Debtor 1	Geddes First Nama	Sean Schubert	Gibbs Last Name		Case number	
	THOTAG				and the second of the second o	
lf y the You	ou believe that you have to n fill in the excess amount	nome energy costs that ar of home energy costs. lee documentation □f you	e more than the h⊡n	e energy d⊒sts	and operating expenses on line 8. included in expenses on line 8. □w that the addit□nal amount	<u>\$100</u>
tha priv You cla	ication expenses for depine \$170.83* perchild) that yet e or public elementary of unust give your case trustimed is reasonable and necessity to adjustment on 4	you pay for your depende or secondary school. stee documentation of you cessary and not already a	nt children who are y ir actual expenses, a accounted for in lines	rounger than 1 nd you <b>f</b> hust ex : 6-23,	Byears old to attend a splain why the amount	<u>\$400</u>
30. Add tha tha To ins		hing expense. The month clothing allowances in the ning allowances in the IRS aximum additional allowan chart may also be availab	ly amount by which y IRS National Standa National Standards, ce, go online using the le at the bankruptcy	our actual food ds. That amou e link specified clerk's office.	and clothing expenses are higher nt cannot be more	\$ <u>600</u>
ins	ntinuing charitable contr truments to a religious or o notinclude any amount n	charitable organization 11	U.S.C. § 548(d)(3)		he form of cash or financial	+ \$400
	d all of the additional ex d lines 25 through 31.	pense deductions				s1500.00
33, Fo	or debts that are secured ans, and other secured de calculate the total average each secured creditor in the	by an interest in propert bbt, fill in lines 33a throu e monthly payment, add al	gh 33e. I amounts that are co	ntractually due		
	fortgages on your home	·			Average monthly payment	
	3a. Copy line 9b here				\$	
L	oans an your first two vehic	iles				
3	3b. Copy line 13b here.				\$	
3	3c. Copy line 13e here.				\$	
3	3d. List other secured deb	ts:			1	
	Name of each creditor secured debt		lentify property that ecures the debt	Does payment include taxes or insurance?  No Yes  No Yes	\$ \$	
				No Yes	+\$	

page 5

33a. Total average monthly payment. Add lines 33a through 33d.

Copy total

~ here+

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for yo□r support or the support □f your dependents?

No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the mtrmation below,

Name of the creditor Identify property that Total cum Monthly cure amount secures the debt amount - 60 = -60 = +

. С ору Total , here+

35. Do you owe any priority claims-such as a priority tax child support, or allmony~-- that are past due as of the filing date of yo□r bankruptcy case? 11 U.S.C. § 50~.

No. Go to line 36.

Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims,

36. Projected monthly Chapter 13 plan payment

s 700.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Car line) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link

specified in the seperate instructions for this form, This list may also be vailable at the bankruptcy clerk's office.

і Сору s700.00 Average monthly administrative ex~ense total heret

37. Add all of the deductions for debt payment. Add lines 33e through 36.

**Total Deductions from Income** 

38. Add all of the allowed deductions.

Clipy line 24, All of the expenses allowed under IRS expense allowances

Copy line 32. All □f the adult□rial expense deductions

Copy line 37, All ofthe deductions for debt p□yment

, to tal Total deductions , here +

Desc

tor 1	Geddes First Name	Sean Schubert	G1 Last Nar	bbs ne	Case nul	mber	40
art 2,	Determine Yo	ur Disposable Incon	ne Under 11	U.S.C. § 1325(	b)(2)		
9. Copy Your Statemer	total current mo nt of Your Curre	nthly income from line 1 nt Monthly Income and	4 of Form 122 Calculation of	C-1, Cha pter 1 Commitment Pe	3 riod.		\$ <u>2950</u>
children, disability received i	The monthly ave	essary income you rece rage of any child suppor pendent child, repo ned in h applicable nonbankrupt for such child.	t payments, fos Part I of Form	ter Care payments 122C-1, that you	s, or \$		
employer specified	withheld from wa in 1.1 U.S.C. § 54	ent deductions. The mor ges as contributions for c 11 (b)(7) plus all required S.C. § 362(b)(1 9).	ualified retirem	ient plans, as 🏅	٠		
2. Total of a	II deductions allo	owed under 11 U.S.C. §	707(b)(2)(A). (	Copy line 38 here	4 \$		****
expenses and their	and you have no expenses. You m	cumstances. If spec□I c reasonable alternative, c lust give your case truste documentation for the ex	describe the sp e a detailed exp	ecial circumstanc	es		
Describe	the special circum	nstances	Ame	ount of expense			
		A. L. M. M. C.	\$				
			\$. + \$				
			Total \$		Copy here > + \$		<b></b>
1 Totaladi	uetmante Add lin	es 40 through 43			- Si		Copy Nem 4
+, 10tu1 uuj	dottionto. Add in	55 75 through 15					, <u> </u>
5. Calculate	your monthly d	sposable income under	§ 1325(b)(2).	Subtract line 44	rom line 39.		\$
		•					
art 3-	Change in I	ncome or Expenses					
or are vir open fill i 1226-1 ir	tually certain to cl n the information n the first column,	enses. If the inc ome in I nange after the date you below. For example, if the enter line 2 in the secon ount of the increase.	filed vour bank	ruptov petition and	during the time	your case will be	
Form	Lim R	eason for change		Date of change	Increase or decrease?	, Amount of cha	ange
122C-					Increase Decrease	\$	
122C	-2						

Official Form 122C-2

122C-1

122C-2

122C-1 122C-2

Chapter 13 Calculation of Your Disposable Income

page 7

Increase

Decrease

Debtor 1	Geddes	Sean Schubert	Gibbs		Case number	
	First Name	Middle Name	Last Name			
Part 4:	Sign Below					
By sic	anina here. under penal	ty of periury you declare tha	at the information	on this stateme	nt and in any attachments is true	and correct.
	redles Team &				in one in any anasimiona io no	
_	GOODS - CRYN - Y gnature of Debtor I	AWDEA VIBBS	All Permission of the Control of the	Signature of D	ebtor 2	
Di	ate 2/26/2024 MM / DID yyyy		0	Date MM/ D	D :YYYY	